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ABSTRACT

These four issues of the "Alaska's Children" provide information on the activities of the Alaska Head Start State Collaboration Project and other Head Start activities. Legal and policy changes affecting the education of young children in Alaska are also discussed. The Spring 1997 issue includes articles on brain development and the "I Am Your Child" public engagement campaign. The Summer 1997 issue focuses on providing continuity and effective learning environment during the transitions in the lives of young children. The Fall 1997 issue focuses on children who lack health insurance and their outcomes, reasons for the loss of health insurance coverage for children and families, and options for Alaska, including participation in the federal Child Health Insurance Assistance Program. This issue also describes the Quilt Project, in which child and adult volunteers create quilts for families of newborns in Sitka. The Winter 1997 issue contains articles on suggested systems changes related to juvenile crime; community planning for the delivery of integrated education, health, and social services; and quality early care and education. An additional article examines the impact of poverty on Alaska Head Start families and how Head Start helps families combat the multiple problems of poverty. Regular features in each issue include a calendar of events; "Children's Cabinet News," containing updates on government- and privately-funded programs; a status report providing statistical information regarding child care and other issues influencing young children; and a summary of the activities of the Collaboration Project and of Head Start. (KB)

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Alaska's Children, 1997

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Alaska Head Start State Collaboration Project

Alaska Department of Community and Regional Affairs • Quarterly Report • Spring 1997

Alaska's Children

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It's the brain my friend

The Science of 0 to 3

Our concern for the health and well-being of a child starts well before birth. Beginning with the mother's first prenatal medical visit, the baby's growth and development is measured and recorded. Decades ago the growth and development of the fetus was largely measured by monitoring the mother's health through weight gain, abdominal growth and blood tests. Over the years, advances in medical technology, like ultra-sounds and amniocentesis, have allowed us to have even more precise measurements of pre-natal growth, development and well-being.

The charting of the baby's growth and development continues with their birth. Birth announcements will proudly announce the baby's weight and length. Records of the baby's growth gains are kept in baby books and on walls or door frames in homes. We marvel over the first time a baby smiles, crawls, walks and talks. These gains in growth and development, which we proudly pass on to friends and relatives, prove the child is healthy and on the right developmental path.

In addition to the measurements of physical growth and developmental stages, we can

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The Brain, *continued*

now add measurements of the growth and development of our children's brains.

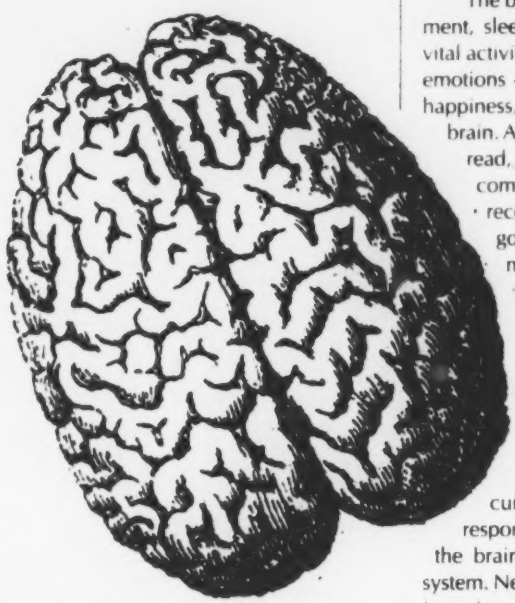
The Science of Brain Development

Every field of endeavor has peak moments of discovery and opportunity - when past knowledge converges with new needs, new insights and new technologies to produce stunning advances. For neuroscience, this is one such moment. The development of research tools like brain imaging technologies, have made it possible to chart how the human brain develops and how it works. These new technologies, two decades of research and a growing concern about the academic achievement, health, safety and well-being of children, has stimulated our interest in the first years of a child's life; and led to some startling insights about the growth and development of the human brain before birth and during the first three years.

For many years, child development specialists, parents, scientists, and educators, have argued over what controls the growth and development of the human brain. Nature (our genetic codes) or nurture (an individual's environment). Most of our thinking about the brain has been driven by old assumptions - that the genes we are born with determines how our brains develop and that in turn determines how we will interact with the world. Recent brain research disproves these assumptions. Neuroscientists have found that brain growth and development, rather, is a delicate dance between nature and nurture. Nature is the dominant partner during prenatal brain growth and development. Genes control the unfolding of the brain up to a certain point. There are only 100,000 genes in human DNA and about half of them are dedicated to constructing and maintaining the nervous system. It is not enough to guide more than a tiny fraction of the connections required by a fully functioning brain. Before birth, the genes have directed the brain to lay out its best guess about what is required for vision, language, etc. When a baby is born, only the most primitive areas of the brain that control heart rate, breathing, regulate body temperature or produce reflexes are developed. The brain has begun working long before it is finished. After a baby is born, the processes of brain growth and development continues at an astounding rate; but now neural activity is driven by the experiences a child receives from its environment. The partner in this delicate dance has shifted from nature to nurture.

How does this occur? The brain is the most complex organ in the body and it's system of receiving, interpreting and sending information the most sophisticated. It is a task in itself to try and describe this very complicated system in simple terms. But a basic understanding of how the brain functions, grows and develops is necessary if we are to help children develop to their full potential.

And the Brain Is . . .



The brain is the control center for movement, sleep, hunger, thirst and every other vital activity necessary to survival. All human emotions - including love, hate, fear, anger, happiness, sadness - are controlled by the brain. All human intelligence - the ability to read, write, speak, play the piano, do complicated mathematical calculations, receive and interpret information - is governed by the brain. The brain is made up of 100 billion nerve cells (neurons), supporting tissue cells (neuroglia), blood-carrying cells (vascular cells), and other tissues. The brain receives and interprets countless signals that are sent to it from other parts of the body and from the external environment through complex nerve cell circuits. The neurons (nerve cells) are responsible for all communication within the brain and other parts of the nervous system. Neurons are composed of a cell body (soma), axons and dendrites. Communication between neurons is both electrical and chemical and always travels through circuits created by the connections of the axon to the dendrite. For example, neurons in the retina of the eye detect movement. This signal is carried by the dendrite through the neuron cell body and out the axon to another neuron, and so on until the signal reaches that part of the brain devoted to sight where the signal is processed. In reality, the eye does not "see," the brain does - the ear does not "hear," the brain does.

How the Brain Grows and Develops

Brain growth and development begins soon after conception. A thin layer of cells in the embryo begins to form a fluid-filled cylinder known as the neural tube, which extends from the head to the tail. As these neurons (nerve cells) multiply at the astounding rate of 250,000 per minute, they begin to assemble themselves into the brain and spinal cord. The neurons flow out of the neural tube, traveling to their predestined locations. They clump into the brain stem which commands heartbeat and breathing, they build the cerebellum at the back of the head which controls posture and movement, and form the grooved and rumpled cortex where thought and perception originate. The neurons are so small and the distance they must travel so great, that a neuron striking out for what will be the prefrontal cortex migrates a distance equivalent to a human walking from New York to California. When the neurons reach their proper destination, they begin the next phase of brain development - laying down the connections that will link one neuron to another. Of all of the problems the growing brain system must solve, the most complicated is the formation of these connections - the wiring of the brain and nervous system.

The neurons now spin out a web of wire-like fibers known as axons (which transmit electrical signals) and dendrites (which receive the electrical signals). The axons may travel only as far as the next neuron, or across the brain, or into another part of the nervous system. Some axons may be as long as three feet. Developing axons follow chemical cues strewn along their path. Some of these chemicals attract: this way to the motor cortex! Some repel: no, that way to the olfactory cortex. Axons move to their predestined locations to form connections with the short bushy dendrites, and while they come close to one another, there still remains a gap between them. The hard wiring of this connection will not take place until a synapse forms between the two. Over this synapse, the axon of one

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neuron beams a signal to the dendrites of another, and the connection is completed. By the time the baby is ready to be born, more than 100 billion neurons are in place.

The delicate dance between nature and nurture begins to shift with the birth of a child. The genetic code (nature) determines only the brain's main circuits, hard wiring only those that are essential for survival at birth. Soon after birth, the experiences a child grains through their environment (nurture) stimulates a baby's brain to begin producing trillions of connections between neurons, more than it can possibly use. The dendrite and axons swell with buds and branches like trees, the brain's higher centers explode with new synapses and metabolism soars. By the age of two, a child's brain contains twice as many synapses and consumes twice as much energy as the brain of a normal adult. For example, the number of synapses in one layer of the visual cortex rises from around 2,500 per neuron at birth to as many as 18,000 about six months later. Other regions of the brain score similarly spectacular increases, but on slightly different schedules reaching their highest average densities (15,000 per neuron) at age two. **During the first ten years of a child's life, the brain will develop and organize itself by hard wiring these synapses based on the experiences, stimulation and care that a child receives.** The richer the environment, the richer the brain; and conversely, an environment that is not stimulating, nurturing and lacking in positive experience can result in a disorganized and under-developed brain.

Windows of Opportunity

There are limits to the brain's ability to create and organize itself - time limits - critical periods when the brain must receive the right experiences at the right time in order to organize and develop correctly. These critical periods are windows of opportunity when the brain's ability to learn is at its highest point. By the age of 3, roughly 85% of the core brain structures are organized. The root neurological structures for all future functioning are established during these early childhood years and provide a foundation for more complex feeling, thinking and behaviors during the rest of the child's life.

For example, consider the development of the brain's language ability. Before there are words in the world of the newborn, there are sounds or Phonemes that are unique to each language. When a baby hears a sound over and over, neurons from her ear stimulate the formation of dedicated connections in the auditory center, the language center for the brain, forming a perceptual map for language. By six months of age, a baby can recognize the vowel sounds that are the basic building blocks of speech and will attempt to repeat these sounds in their own jumbled babbling. By 12 months of age, the sounds will be forming into words, giving parents one of many magic moments, the child's first recognizable words. The more words a child hears, the faster her language will grow. Infants whose mothers spoke to them a lot knew, on average, 130 more words at age 20 months than did babies who did not receive as much language experience. By 24 months, the gap had widened to 295 words. From the point of uttering single words, the child will move on to increasingly complex language tasks, and depending on the word experiences they are given, can even speak several languages fluently. The brain's ability to learn a second language is highest between the age of 0 to 6 and then begins a steady decline. By 12 months of age, the brain will have already lost the ability to discriminate sounds that are not significant in the family's spoken language.

Natalia, age 2 months. Window of Opportunity opens for emotional, visual, language development.

At the same time the language centers of the brain are being organized and the circuits hard-wired, other areas of the brain are organizing according to their own time-tables and levels of experience. The organization proceeds sequentially from the simple to the complex. Consider just a few of these windows of opportunity.

Emotions. Among the first circuits the brain constructs are those that govern feelings. Emotions develop in layers, each more complex than the last. The window of opportunity for establishing the basic foundations for human emotions begins around the age of 2 months with stress response. The distress and contentment experienced by a child during the next 2 years, evolves into more complex feelings: joy and sadness, envy and empathy, pride and shame, anger and compassion completing these emotional circuits around age 10.

Movement. At birth babies can move their limbs but only in a jerky uncontrolled fashion. The more the arm or leg moves, the stronger the circuits for movement becomes. It takes about 2 years for cells in the cerebellum (the brain center that controls posture and movement) to form functional cells. The brain will progressively refine the circuits from reaching, grabbing, sitting, crawling, walking, running, to performing a ballet. A child who may

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The Brain, *continued*
have been restricted to a body cast up to age 4 will learn to walk eventually, but never smoothly. A child who does not exercise, throw balls, manipulate toys and blocks, may not develop refined hand-eye coordination later in life.

Music. German researchers have reported that exposure to music helps to wire neural circuits. In the brains of nine string players examined with magnetic resonance imaging, the amount of cortex dedicated to the thumb and fifth finger of the left hand, the fingering digits, was significantly larger than in non-players. How long the players practiced each day did not affect the cortical map. What did affect it, is the age at which they had been introduced to music. Few concert level musicians begin playing after the age of 10. Scientists are also studying a phenomena called the "Mozart effect," the theory that music skills acquired by children very early in life may strongly support development of the circuits for math and logic. Studies of preschoolers who were given piano and singing lessons showed the children improved their spatial reasoning as shown in their abilities to work mazes, draw geometric figures and copy patterns of two-color blocks.

The Windows Close

The brain's greatest growth, neuroscientists have confirmed, draws to a close around the age of 10, when the balance between synapse creation and atrophy shifts. Over the next several years the brain will destroy the weakest synapses, preserving the ones that have been magically transformed by experience. The synapses that were seldom or never used will be eliminated leaving behind a brain whose patterns of emotions, thought or behavior are, for better or worse, unique.

The Un-Developed Brain

For the scientists and researchers involved in these discoveries, the miracle is not just that brain does develop, but that it happens right so often. But what happens when the brain does not get the nourishment it needs before birth, or does not receive the right information and experiences during the early childhood years? Quite simply, the brain can un-develop. If the fetus is exposed to alcohol, drugs or poor maternal health before birth, the sequence of brain development can be interrupted causing damage to vital areas of the brain just as surely as a genetic weakness will cause the brain to develop differently. For children who live in unstimulating or abusive environments the results can be just as devastating. Autopsies conducted on the brains of children who died unexpectedly showed that the brains of children who didn't play much or were rarely touched, in other words neglected, had brains that were 25% to 30% smaller than children who lived in normal, caring environments. Severely neglected or abused children also had brains with areas of dark shadows - blank spaces - similar to the brains of older adults with Alzheimers, a disease which progressively destroys brain synapses.

For children who are emotionally or physically abused very early in life, the effects on brain development can be particularly distressing. One of the most fundamental roles that parents play is setting up the neural circuitry that helps children regulate their responses to stress - their calm down circuits. Between 10 and 18 months, a cluster of neurons in the rational prefrontal cortex are busy hooking up the emotion regions. The circuit seems to grow into a control switch, able to calm agitation by infusing reason into emotion. When parents sooth a child after a fall or scare, they help to train this circuit, strengthening the neural connections that form, so that the child learns how to calm herself down. This all happens so early the effects of nurture can be mistaken as innate nature. Stress and constant threats rewire emotion circuits. Children who are physically abused early in life, develop brains that are exquisitely tuned to danger. At the slightest threat, their hearts race, their stress hormones surge and their brains anxiously track the nonverbal cues that signal the next attack. Since the circuits can stay excited for days, the brain remains on high alert. In this state, more circuits attend to nonverbal cues - facial expressions, angry noises, that warn of impending dangers. As a result, the cortex falls behind in development and has trouble assimilating complex information such as language. Because the brain develops in sequence, with more primitive connections stabilizing their connections first, early abuse is particularly damaging.

Emotional deprivation early in life has a similar effect. The brain-wave patterns of children born to mothers with severe depression showed markedly reduced activity in the left frontal lobe, an area of the brain that serves as a center for joy and other light-hearted emotions. The patterns of brain activity displayed by these children closely tracked the ups and downs of their mother's depression. At the early age of three years, many of the these children were already sinking into periods of depression.

Brain Malleability

During the first years of life, the profusion of connections (synapses) in a child's brain lends the brain exceptional flexibility or malleability. At no other time will the brain be able to master new skills so readily or rebound from setbacks so easily. If there is a way to compensate for brain injury or lack of stimulating experiences in early childhood, the brain can be taught to find it. Consider the case of 13 year old Brandi Binder, who developed such severe epilepsy that surgeons at UCLA had to remove the entire right side of her cortex when she was six. She lost virtually all the control over the left side her body, the side controlled by the right side of the brain.

After years of therapy ranging from leg lifts to math and music drills, Binder is an A student. She loves music, math and art - skills usually associated with the right half of the brain. She has regained use, with the exception of her arm, on the left side of her body.

The brain's ability to re-wire damaged circuits if intensive intervention is available is one area that intrigues neuroscientists. For example, the potential for overcoming the effects of autism is just one area scientists are currently exploring. Scientists think that an inability to hear the sounds of human speech properly may contribute to autism, a disorder that leaves children unable to relate emotionally to other people. According to psychophysiologist Stephen Porges, many autistic children are listening not to the sounds of human speech but instead to frightening noises. He blames the children's fear on a section of the nervous system that control facial expressions, speech, visceral feelings and the muscles in the middle ear. These muscles, the tiniest in the body, allow the ear to filter sounds much the way muscles in the eye focus the eyeball on near or distant objects. In autistic children, the neural system that includes the middle ear is lazy. As a result, these children attend not to the pitch of the human voice but instead to sounds that are much lower: the rumble of traffic, the growl of a vacuum cleaner, noises that signal danger to the developing emotional circuits. Porges contends that autistic children feel too anxious to interact emotionally, and the neural system controlling many emotional responses fails to develop. Porges has begun an experimental treatment consisting of tones and songs altered by computer to filter out low sounds, forcing the middle ear to focus on human speech. After five 90-minute sessions most of the 16 children in the study have made strides that surprised even Porges. A third grader who once spoke only rarely, recently

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delighted his parents by getting in trouble for talking out of turn in school. If parents and therapists are able to collaborate in an intensive effort to reach abnormal brains, young children who begin the descent into the autistic's limited universe can sometimes be snatched back.

For children whose emotional circuits were wired by abuse and neglect in early childhood, the potential for overcoming a future of intellectual improvishment, impulsive, aggressive, and remorseless behavior is just as great. Study after study shows that well-designed programs created to promote healthy cognitive, emotional and social development, can improve the prospects and the quality of life of many children, particularly those children who live in environments that place them at risk.

One of the most enduring programs to help children and families overcome the negative effects caused by poverty has been Head Start. The comprehensive services that all Head Start programs are required to provide to children age 3 to 5 include: social competence, cognitive and emotional development, health, nutrition, parent involvement and staff/parent training in early childhood growth and development. Critics of the program are quick to point out that even though gains in all these areas are evident, for some children the gains begin to fade by the third grade. The fade out effect has been attributed to the differences between the programs in Head Start and public schools. However, Head Start was concerned that a factor may also be that the program does not begin early enough. A recent new component called Early Head Start was created in 1994 in response to this concern. In 1996, 146 million dollars was budgeted for Early Head Start through grants to 143 sites nationwide. Rather than the creation of a new program with layers of new rules, administrators, and funding; Head Start extends existing Head Start comprehensive services to families with children age 0 to 3. It also includes prenatal health care and parent education. Two Early Head Start grants were awarded to Head Start programs in Alaska: the Fairbanks Native Association Head Start and the Anqayuqat Mikelnguut-llu Eliitellerkait (AME) Head Start Program (Bethel). Five other Head Start Grantees have been providing Early Head Start Services in the communities they serve, including: Chugiak Children's Services, Kid's Corps (Anchorage), Tanana Chiefs Conference (Fairbanks), Upper Tanana Head Start (Tok) and The Central Council of Tlingit & Haida Indian Tribes of Alaska (Juneau). Approximately 400 families receive Early Head Start Services in Alaska.

Joseph, age 2 — Window of Opportunity for more complex language, emotional and motor development. Andrew, age 5 — Window of Opportunity to learn foreign language, music and logic skills.

Research and the Real World

In the United States, we do more scientific research than any other developed country. We also ignore more research when it comes to investing our public dollars and formulating public policy. The current research on brain development lends scientific evidence to the beliefs that early childhood practitioners have been supporting for decades...that the early years of a child's life are the most critical ones for the healthy development of intelligent, contributing members of our society. It would seem logical then that we would want to spend our national and state resources where we would realize the greatest return on our investment. But we don't.

Currently in the U.S. we spend the least amount of money per child during the early childhood years - the years when growth and development is the most vulnerable for positive as well as negative growth. We invested about $1,500 per year for each child age 0 to 5 (in 1992 dollars) and about $5,000 per year for each child age 6 to 18.

Our public policies also do not reflect our current knowledge about early childhood growth and development. Typically, public schools do not require that students take music or foreign language classes until middle school and high school, long after the brain's greatest ability to learn those skills has passed. When schools are faced with budget cuts, the first classes to be eliminated are usually those that are most important during the early years. Remedial classes for children with reading, writing and speech problems, skills associated with the development of language, usually begin at age 9 or 10 rather than age 3 or 4 when

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The Brain, *continued*

they are the most effective.

Parents are not the only teachers for their children's brain. We are failing to recognize the importance of quality child care programs. Today, over 50% of our children are in day care, some beginning just weeks after birth, until they enter public school. When we talk about the critical importance of a consistent, nurturing, predictable and enriched environments for babies and young children; we tend to have only parents in our mind's eye as the care-giver who will provide these kinds of environments. Child care providers, however, are also responsible for a major portion of a child's day. **Quality child care is not a luxury or fringe benefit, but essential for brain nutrition.** How a child spends their hours in day care is as critical to their development as the home environment. If a child spends time in a poor environment with a care giver who has no training or concern for the child's development, critical time is being wasted. A recent national study found 40% of the nations day care centers for infants and toddlers gave less then minimal standards of care. Problems ranged from safety hazards to unresponsive care givers, to lack of toys. Problems with day care are predicted to increase as the demand for more child care programs grows, wages for care givers remain at the bottom of the pay scales and states continue to ignore the need for standards of care and training in licensing regulations.

The demand for more child care will certainly increase with the implementation of the welfare reform bills passed during the last year. Although all evidence points to the benefit of mothers staying at home with a newborn baby, most states are developing welfare plans that require mothers to start looking for work when their babies are as young as 12 weeks. To make matters worse, states are not building a requirement for quality day care into their plans. Quality day care will largely determine how well these children, who are already at risk from the effects of poverty, will develop.

Our social programs for at risk children are the subjects of great budget debates. We are currently in a mind set, both nationally and in Alaska, of bringing government spending under control - balancing our budget. That often means that evaluations of programs for children are based on the dollar cost not on their capacity to help children fulfill their potential. While we debate the need to invest money in early childhood programs, we continue to ignore the costs incurred when intellectually and socially impaired children grow up to be intellectually and socially impaired adults. Correcting the damage that occurs when children grow up in abusive environments is like re-wiring the entire electrical system in a house after it has been built. All the layers of development that have occurred must be re-built. For children who endure lives of abuse and neglect, it will take 1000 hours of one on one treatment at age 15 to undo the effect of three hours of abuse at age 0-3.

Dr. Bruce D. Perry, a neurobiologist/child psychiatrist at Baylor College of Medicine and Chief of Psychiatry at Texas Children's hospital believes that when we engage in debates about the necessity of investing in prevention and early intervention programs for children at risk, we should think about it as a public health issue. Imagine that a group of research scientists announced that they had discovered a virus that attacked the developing brains of very young children; and that this virus, depending on the severity of the infection, could cause an array of impairments like stunted brain growth, developmental delays, abnormal behavior and decreased intellectual capacity. From a public health stand point, we would immediately demand that whatever could be done, must be done to stop this virus, and we would be willing to pay for it. In reality, there is no stunning discovery of a virus that we can point to; but there are on-going discoveries of these brain impairments, how they are caused and what can be done to prevent them.

We must weigh the risk of doing something, even if we are not totally convinced it will work, against the risk of doing nothing if we want all children to develop to their full potential.

Guidelines for Future Actions

In June of 1966, a two-day conference was held at the University of Chicago by the Families and Work Institute to discuss new knowledge about early brain development and its implications for children in the United States. Entitled *Brain Development in Young Children: New Frontiers for Research, Policy and Practice*, the conference brought together professionals from the neurosciences, developmental and clinical psychology, medicine, education, human services, the media, business, and public policy to look at what we know and how that knowledge can, and should, drive our efforts to improve results for children and their families. Three key principles emerged from the conference.

First do no harm. The principle that guides medical practice should be applied to all policies and practices that affect children: **do no harm.** Any and all policies or practices that prevent parents from forming strong, secure attachments with their infants in the first months of life need urgent attention and reform. At the same time all parents need more information about how the kind of care they provide affects their children's capacities. It also means developing and promoting urgent, intensive efforts to improve the quality of early care and education.

Prevention is best, but when a child needs help, intervene quickly and intensively. Consistent, warm and responsive care cushions children from the occasional bumps and bruises that are inevitable in everyday life. **In most cases, children can recover even from serious stress or trauma. If children are given timely and intensive help, many can overcome a wide range of developmental problems.** To have the greatest impact, interventions must be timely and must be followed up with appropriate, sustained services and support.

Promote the healthy development and learning of every child of every age, every demographic description, and every risk category. If we miss early opportunities to promote healthy development and learning, later remediation may be more difficult, will certainly be more expensive, and may be less effective. **Risk, however, is not destiny.** The medical, psychological, and educational literatures contain sufficient examples of people who develop or recover significant capacities even after critical periods have passed. Support should be given to ongoing efforts to enhance the cognitive, emotional, and social development of youth and adults in every phase of the life cycle.

As we move forward with new insights on the early growth and development capacities of our children, the following policy goals developed at the conference have added weight and urgency:

Improve health and protection by providing health care coverage for new and expectant parents. The prenatal period is an active period of development. And yet, about one in four pregnant women receives little or no prenatal care. The first three years of life are also filled with opportunity and risk, but some three million children in this age span are uninsured or underinsured and do not receive adequate health care.

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"I Am Your Child"

At the winter meeting of the National Governors Association in Washington, D. C., an unlikely trio of men: a film star - Rob Reiner, a neuroscientist - Dr. Bruce D. Perry, and a corporate president - David A. Hamburg, President of Carnegie Corporation; introduced a campaign of behalf of children. **The goal of the campaign is not to raise money or votes, but to raise the public's awareness about the importance of the first three years in the life of a child.** The well-known actor, director, and writer, Rob Reiner, introduced the campaign with comments about a fear that is common to all parents. Reiner became a first time parent in later life, and even though he was smart, educated, and had read stacks of books about child rearing, he was overwhelmed by this new responsibility and afraid he did not have the necessary skills to raise a child. So he began to do some more work and what he found was a wealth of research, people and programs that knew about children and families. He also found that this wealth was not reaching enough children and families, especially those who could benefit the most. Out of his interest, an unusual collaboration began that included a broad range of experts from the early childhood fields (child development, early childhood care and education, parent education and family support, and children's health professionals); over a dozen businesses and foundations, and the entertainment/talent industry. The goal of this group is to promote family involvement in young children's healthy development and school readiness, to mobilize communities to act on behalf of young children and their families, and to build the capacity of early childhood organizations to help families nurture their children.

The major effort of this group is the Early Childhood Public Engagement Campaign - "I Am Your Child." The campaign will be broad-based and includes national media, outreach to national organizations, and state and community action segments.

National Media

The main event of the media segment will be **an hour-long ABC prime time special called "I Am Your Child,"** produced by Rob Reiner, Michele Singer Reiner and their production team. **It is scheduled to air during the week of April 21, 1997.** The program will be hosted by actors, who are donating their time and talents. ABC will produce footage for ABC affiliates across the country to use as a wrap-around for local community issues and solutions. The TV special will also include a toll-free number viewers can call to obtain additional materials. Other media support for the campaign includes:

- *Good Morning America* features on the campaign during the week of April 21.
- A *Newsweek* Special Edition on early childhood will coincide with the show's airing.
- Public service announcements which will focus on the importance of family involvement in early childhood development and school readiness.
- A video for new parents that will focus on the importance of attachment between babies and their primary caregivers and how to promote a child's healthy development. The video will be distributed free of charge through clinics, hospitals, child care centers, schools, employers and other organizations.
- A CD-ROM and on-line information will address the questions that parents have about their children, beginning in the prenatal period and extending through the first three years of life.
- A world wide web site is facilitating widespread communication about campaign activities. Contact the Families and Work Institute through nsoatfwi@aol.com

Public Policy

To ensure that all young children get a decent start, the campaign has identified four key areas that constitute vital starting points for our nation. These areas are: the promotion of responsible, informed parenthood; the creation of comprehensive preventive health care for mothers, fathers and young children; the wider availability of high-quality child care and early education; and the expansion of proven state and community-based approaches to reverse current patterns of neglect. Key actions include:

The Rand Corporation is conducting research on the long term economic benefits of effective policies and programs. A series of cost-benefit analyses on the impact of such programs on the prevention of child abuse, crime, welfare dependency and other outcomes will be released in the Spring of 1997 to coincide with the campaigns launch.

A National "Summit" Meeting is being discussed with the President, cabinet officials, and a bipartisan group of members of Congress and governors about the design of a national conference on the status of children in America.

The National Governors' Association is working with campaign organizers to expand state interest and investment in young children's policies and programs. A bipartisan task force of governors led by Bob Miller (Nevada) and George Voinovich (Ohio) will study federal and state policy options to strengthen programs and supports for families with young children.

Outreach to National Organizations

The campaign is working closely with national organizations to publicize the campaign and inform their members about early childhood brain development and to participate in state and local activities that promote the campaign goals.

In April a business symposium will be conducted in collaboration with the Committee for Economic Development. This event will focus attention on what companies are doing, or could be doing, to support new and expectant parents. A report on the symposium will be produced and will be widely distributed.

For those who are interested in more information about early childhood growth and development, check with your local television station to find out when the "I Am Your Child" program will be broadcast in your area.

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STATUS REPORT

Alaska's Children

Three-fourths of all murders of children in the industrialized world occur in the U.S. The U.S. has the highest rates for childhood homicide, suicide (double for the rest of the industrialized world for children age 14 and younger), and firearms-related death, according to the Center for Disease Control and Prevention. Theories on the causes of these deaths include:

- a growing number of children who are unsupervised or otherwise at risk
- low level of funding for social programs in the U.S.
- high numbers of working parents
- high divorce rates
- social acceptability of violence in the U.S.
- racism, poverty, unequal opportunity
- lack of gun control policies (approximately 1/2 of American families own firearms - an estimated 200 million hand guns are in American homes)

source: "A Nation of Violent Children" by Judith Havemann, Washington Post Weekly 2/17/97

The cost of services to Severely Emotionally Disturbed and Developmentally Disabled youth through the Alaska Youth Initiative Program range from $16,900 per client (not including Medicaid dollars - 67% are Medicaid eligible) to $130,000 per year. In 1996, 168 youth were served.

source: Alaska Department of Health and Social Services, Division of Mental Health and Developmental Disabilities

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In 1995, Alaska spent $50,000 to $100,000 per juvenile per year to hold youth in correctional facilities.

source: Alaska Department of Corrections

Alaska Children's Trust Grant Proposals.

In 1996, Governor Knowles reactivated the Children's Trust by appointing trustees and securing funding. The Trust savings account balance is now $6 million. The income from the Trust savings account will be distributed through a grant application and review process for innovative program proposals that address the primary goals of the Trust, those are: to address the rising rates of child neglect, abuse, family violence, and juvenile crime.

In early March, the Alaska Children's Trust Board of Trustees developed and distributed the Request for Grant Proposals for Fiscal Year 1998. Eligible applicants for grants include: private nonprofit organizations, Indian Reorganization Act and traditional councils, city or borough governments, unified municipalities, school districts, regional Native health corporations, institutions of higher education, other political subdivisions of the state, or a combinations of these entities. Programs and projects that address child abuse and neglect at the primary and secondary levels of prevention are eligible for funding. Tertiary services are not funded by the Trust. The fiscal year 1998 grants are expected to range from $5,000 to $50,000 with the average award to be approximately $15,000 to $20,000.

The Alaska Children's Trust will place special emphasis this year on funding proposals that provide the following:

- home visitation services for parents (including expectant mothers) in underserved areas;
- parent education and support;
- programs engaging fathers/adult males in parenting and child abuse and neglect prevention;

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- programs serving young children ages prenatal to 8 years;
- multi-media public education campaigns - statewide or local;
- special research on issues relating to child abuse and neglect;
- community solutions for creatively serving children who are otherwise unserved or underserved;
- community groups seeking to improve or develop child abuse prevention and reporting networks.

Grant proposals are due by May 19, 1997. Notification of awards will be made on July 1, 1997. A complete grant application and further information can be obtained by calling (800) 643-5437 or 907 465-3981.

Good News/Bad News.

In late February, Nila Rinehart accepted the position of Director of the Tlingit & Haida Head Start Program. Nila has served as the Childrens' Cabinet Special Assistant since 1995. While the career change for Nila is a loss for the Childrens' Cabinet, her expertise in Head Start and early childhood growth and development is certainly a gain for Alaska's Head Start programs. Nila can be reached at Tlingit & Haida Head Start in Juneau at 907 586-1432.

Calendar of Events

April 9-11 **Washington D.C.**	***National Head Start State Collaboration Annual Meeting***	
April 7-8 Juneau, AK	*State Board of Education Meeting*	DOE (907) 465-8677
April 21 (week of)	***"I Am Your Child" ABC television special on child growth and development***	
April 21-23 Anchorage, AK	*1997 Alaska Children's Mental Health Conference*	DHSS
April 28-25	***Kawerk Head Start Program Monitoring Review***	**Brent Cappell** **907 465-4862**
April 28- May 5 Portland, OR	Head Start AIPB Conference	
May 20 **Juneau, AK**	***Interdepartmental Committee for Young Children Quarterly Meeting***	**Mary Diven** **(907) 465-3100**
May 28-31 Boston, MA	*National Head Start Association 24th Annual Conference*	Preston Bruce 703 739-0875
June 18-20 **Anchorage, AK**	***Western States Leadership Conference - National Association for the Education Young Children***	**Ms. Lare**
April 22-25, 1998 Seattle, WA	*National Head Start Association 25th Annual*	

The Brain, *continued*

Promote responsible parenthood by expanding proven approaches. All parents can benefit from solid information and support as they raise their children; some need more intensive assistance. There is research evidence that certain parent education/family support programs promote the healthy development of children, improve the well-being of parents and are cost effective.

Safeguard children in child care from harm and promote their learning and development. The nation's youngest and poorest children are the most likely to be in unsafe, substandard child care. More than one third are in situations that can be detrimental to their development, while most of the rest are in settings where minimal learning is taking place. We can do better.

Enable communities to have the flexibility and the resources they need to mobilize on behalf of young children and their families. Children and families live and work in communities. They are the most logical and effective place to plan for and provide services. Many communities are engaged in creating goals, strategies, financing and evaluating results aimed at supporting their children and families. These efforts need and deserve support from national, state and local leaders, as well as from leaders of business, community and religious organizations.

A Work in Progress

Last week in the United States, 77,000 newborns began the amazing and complex task of wiring their brains for a lifetime of learning. The experiences they will have during the next three years of their lives will play a critical role in the growth and development of their brain systems and their potential to become the next generation of inventors, musicians, teachers, parents and a host of other contributors to society. The caregivers in their lives - parents, child-care providers, teachers, health care providers - will directly control the experiences in their lives. Government policy makers and elected officials will touch the lives of children every time they pass laws and approve budgets that affect the economy, taxes, welfare reform, health care, education funding, social services, Head Start and other children's programs. Businesses, community organizations will support positive learning experiences, or not, by their policies and actions. We are the creators of both violent teenagers and mathematicians — its a simple choice.

(For more information on brain development and early childhood, refer to the "I Am Your Child" article in this newsletter)

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Alaska's
Children

Alaska Head Start State Collaboration Project
Alaska Department of Community and Regional Affairs
P.O. Box 112100
Juneau, Alaska 99811-2100

COLLABORATION B·R·I·E·F·I·N·G·S

SAFE KIDS

The mission of the National SAFE KIDS Campaign is to provide safer communities for children. More than 100 state and local SAFE KIDS groups in 40 states and the District of Columbia have organized to carry out a program to reduce or prevent unintentional childhood injuries.

Within the guidelines of the National SAFE KIDS campaign, the Juneau SAFE KIDS Coalition has set its goals for 1997 with action plans to address correct use of child safety seats, bicycle safety, dockside and water safety, and other injury prevention issues. The plans involve multi-faceted approaches including public policy, technology, environmental change, education and media.

In collaboration with many agencies and organizations, an important event this year is the Child Safety Swap in conjunction with the Juneau Health Fair, April 19. During the week prior to the Health Fair, child safety products can be dropped off at collection sites. These can be items such as safety seats, booster seats, bike helmets, PFDs (personal floatation devices), which are no longer being used, to be checked against recall lists, or for defects. They can be exchanged for more suitable items.

In May, the annual Bike Rodeo, a cooperative effort of the Juneau Douglas Police Department, the Freewheelers Bike Club, and Juneau SAFE KIDS, will help teach children and their parents safe bike operation, safety maintenance of equipment, in a fun carnival setting.

In collaboration with the U.S. Coast Guard and Coast Guard Auxiliary, A "Kids Don't Float" Program will include water safety education, and a PFD loaner program at the harbors.

Education programs involve visits to the schools by members of the Juneau Police Department, for bike and water safety. Other in-school projects involve Peer Helpers doing some first aid training.

Membership of the Juneau SAFE KIDS includes Juneau School District, City and Borough of Juneau, Departments of Health and Safety, Community and Regional Affairs, Transportation and Public Facilities and Public Safety, the 17th U.S. Coast Guard District, many civic organizations, businesses, and individuals. These organizations are working together to provide an effective local injury prevention network. For more information about the Juneau SAFE KIDS Coalition, local injury prevention groups in your area, or Alaska's injury prevention programs, contact Sharon Lobaugh, Department of Health and Social Services, Emergency Medical Services at 907 465-8632.

—from Fran Rohm, State Head Start Program

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Alaska Department of Community and Regional Affairs • Quarterly Report • Summer 1997

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Alaska's Children

Building Continuity

Many Rivers to Cross

During the course of our lives we will experience many changes from one phase of life to another . . . from child to teenager to adult; from a high school class room to a full time job or college campus; from the status of a single adult - to marriage - to parenthood. These are major, complex life changes that signify growth, development and the dynamic nature of life. When we think of major changes that an individual may experience during their life, we do not often think about the changes that young children will experience, nor do we think of them as complex life changes. But for young children, whose experiences are so limited, even simple changes in their lives can present challenges. **The change from home to child care or preschool, is a major change for children and families; and the change from any setting into kindergarten and public school is a major, complex life change.**

Many parents, early educators, home visitors, infant learning teachers, child care providers, and public school teachers have realized the impact that the change from home, child care and preschools to public schools have on young children and that successful **transition** is a critical step in how well a child will meet new challenges and situations.

Transition has long been defined as that period of time between one activity and another, or between one program and another. Previous transition efforts for children entering public school have focused on "bridging the gap" between programs by helping children and families adjust to the differences between the old program and the new one. When differences between programs are minimal, traditional transition activities like a public school open house, field trips to visit kinder-

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The Alaska Head Start State Collaboration Project is funded by a grant from the U.S. Department of Health and Human Services.
For more information, contact the Alaska Head Start Office at (907) 465-4860.
Project Director–Marilyn Webb; Newsletter Editor–Dorothy Douglas

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Rivers to Cross, *continued*

garten classrooms and meet new teachers, do help children adjust to their new situation. However, when there are major differences in philosophy, teaching methods, parent involvement, and other services between the old and new programs, transition activities are largely unsuccessful and the child's adjustment is difficult. In many cases, the benefits and successes a child has gained from their previous experiences may not be sustained in the new setting.

Beyond Bridging the Gap

Providing a quality early childhood program for children and families, and **helping them have continued success in their later educational experiences is one of Head Start's primary goals.** During the 1960's, educators became concerned that children growing up in poverty were failing in school, not just in the higher grades, but many children were not ready to begin their public school educations even at the kindergarten level. Research clearly indicated that children from low-income families scored significantly lower in health status, cognitive and social emotional test scores, and that they were less successful in school and later life. To combat the devastating effects of poverty, the federal government created a series of "war on poverty" programs. Head Start was one of the original anti-poverty programs and one of their assigned tasks was to help low-income preschool children prepare for public school, that is, be "ready to learn." Today, this is still one of the few programs implemented to meet children's needs as well as family needs. From the very beginning, Head Start has been grounded in the knowledge that a child's experiences during early childhood influence their later functioning in school and will have profound effects throughout their lives; that any program serving young children must address the needs of the whole child and their families; and that **it must be a quality early childhood program.** Head Start is a program that has served the most at- risk children in our communities for over 30 years. Despite the challenges that many Head Start children and families face, Head Start children do make significant gains in all developmental areas and the majority of them leave Head Start "ready to learn," or rather, ready to enter kindergarten.

Years after its creation, long-term studies of Head Start began to show a disturbing characteristic - that the gains made by some Head Start children were not sustained beyond the third grade. This "fade-out" effect has been one of the long-standing criticisms of Head Start and fuel for critics who believe that continued funding for this and other social programs for children are not justified. Head Start's concern about the "fade-out" effect centered not on program funding, but on the long-term well being of former Head Start children and families. Discovering the reasons why Head Start children were losing ground and what could be done about it, became a top priority for national and state Head Start programs.

Research and studies of not only Head Start but other early childhood programs, soon began to indicate that when a child moves from a program that is built around the key principles of a quality early childhood program, into a public school program that does not provide a early childhood learning environment, the gains a child has made can be lost very quickly. For practitioners in the field of early childhood education, and in particular for Head Start, **the importance of transition has come to be much less about "bridging the gap" between different types of programs and more about ensuring continuity** - making sure that the key principles of early childhood programs are available in not only in child care settings, preschools, Head Start programs, but in kindergarten and primary grades as well. It is the other side of the school readiness coin - if children are entering school ready to learn; then schools must be ready to receive them.

A critical factor in getting schools ready for children, is an understanding of how children grow, develop and learn. Of all stages of human development, we know more about the growth and development of young children from birth through age 8 than any other time period. We know how children grow, develop and how they learn in relation to that growth and development; and we know that young children grow and learn in significantly different ways than older children.

Ages and Stages - What We Know

The process of change from one life stage to another does not happen abruptly. Children do not suddenly begin walking at 12 months or reading a book at age 6, they do not just turn from a child into an adult at age 18. Rather human growth and development proceeds in a predictable, orderly sequence with the construction of simple skills and abilities that builds into more complex and mature behaviors, skills and knowledge. For example, the development of language and communication begins with an infant's cries of distress and pain. Within 8 months, the infant will listen to conversations, and respond with smiles and babbling noises. From 8 to 18 months those babbling noises have turned into long, babbled sentences with one or two clear words. An infant clearly, however, understands many more words than they can say and will point to objects and look at picture books with interest. From age 2 to 3 a child can combine words, will develop a speaking vocabulary that may reach 200 words, develop fantasy in language and begin to play pretend games. This developmental level will peak with the use of compound sentences and the use of adjectives and adverbs and a child will be able to recount the events of their day. From age 3 to 5, a child will increase their vocabulary from 2,000 to 8,000 words, will go from the use of simple sentences of at least three or four words to complex sentences, will sing simple repetitive songs at age 3, and by age 5 be able to recite poems. By age 5, a child shows growing speech fluency, using correct pitch and inflection. From age 6 through 9, the explosion of language development during the preschool years is followed by a dramatic transition in the primary grades - the movement of oral (spoken) self-expression to written self-expression. During these years, a child's vocabulary increases not just by listening, but by writing and reading. A child can add as many as 20 new words a day to their vocabulary through reading, writing and speaking.

During the early childhood years, children are not just developing their language and communication skills, the whole child is developing. Stages of growth and development can be predicted for emotional, social, cognitive and physical development (including gross and fine motor development) and each of the areas of development are interconnected.

While the stages of development that children will progress through can be accurately predicted, the age at which an individual child will arrive at these stages varies. Children mature at their own individual rates. Cultural influences, the kinds and quality of nurturing they have received and their early childhood experiences, will influence how and when they reach developmental milestones. Other conditions such as poverty, special physical and mental conditions, child health and family stresses will also influence a child's development. Sometimes these conditions can seriously delay a child's healthy development.

The most effective learning environments for young children, are those that are attuned to the way children develop and learn. Programs for young children that are based on the knowledge of how they learn, grow and de-

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velop; that are appropriate for their ages and stages of development; and that take into consideration the individual needs of the child and their families; encompass the key principles of quality early childhood education programs.

Early Childhood Programs in Practice

A quality early childhood program is one that provides:

- a program where child care providers, staff and teachers are well-paid, have received training and/or experience in how child learn and develop and how to use the skills of parents and resources of the community;
- a learning environment that responds to the learning patterns of children within a given age range, to individual differences among children and to cultural and linguistic diversity among children;
- a program that actively involves and supports parents as partners in the development of their children;
- a program that responds to the comprehensive needs of children for health, nutrition, social and emotional development as well as cognitive development;
- a program that draws on the resources and expertise of all agencies and networks in the community to provide continuity and support for the healthy development of children and their families;
- a program where developmentally appropriate practices guide the structure, curriculum and teaching principals of the program.

A typical program that is based on quality early childhood education principles would have:

- Teachers with strong backgrounds in early childhood development and program requirements for education or training in early childhood education. Opportunities that exist for teachers to receive continuing education and training in the field.
- A classroom with comfortable work areas where children can work together or individually. The classroom would have a library area for silent reading or sharing a book with other children, places or learning centers for construction projects, art, playing math or language games, and exploring science projects. Art, writing and other examples of children's work would be displayed throughout the room.
- Classroom schedules that are organized to allow for alternating periods of physical activity and quite times throughout the day. Daily outdoor activities are a regular part of the curriculum.
- Whole group meetings or discussions times, which give children an opportunity to build a sense of community and practice problem solving that are organized each day. Children would also work in small groups on short or long term projects.
- A classroom curriculum that is designed to develop a child's knowledge and skills in all content areas: language, reading, math, science, social studies, health, physical education, art, and music; and at the same time support their healthy development in cognitive, social, emotional and physical development. Curriculum would be organized so children develop an understanding of concepts, tools, skills for each subject area; but also understand the connection between and across subject areas. For example, a social studies project for first graders to operate a classroom store may involve students learning math concepts relating to the use of money, pricing and making change; conducting research and gaining some understanding of supply and demand as they decide which items should be sold; learning how to work cooperatively in setting up and running the store; using art, drawing and hands on construction ideas as they design and build the store.
- Teachers that use a variety of strategies for measuring a child's progress and adapt instruction for individual children who are having difficulty as well as for those who need more advanced activities. Progress assessments of each child would be primarily through written records of observation and evaluation of work samples. Children would participate in their own assessment and learn from their errors and accomplishments. Parents also participate in assessment activities and help develop goals for their child's continued progress. Progress is determined not on national test scores that compare one child against another, but on the child's individual growth from one period to another.
- Parents that are viewed as partners and as one of the most important contributors to a child's success. Teachers would regularly communicate with parents and welcome them in the classroom at all times. Parents would be encouraged to volunteer in the classroom and participate in classroom activities through at-home learning activities. Parents and teachers would share decisions regarding a child's education and children would be viewed in the context of their family. The families strengths and risk factors would be understood by the teacher, and family supports would be available through the school to help parents get needed services such as health care, job training or counseling.

By contrast many public school primary classrooms are based on an "academic model" rather than on an early childhood development model. Many parents and teachers believe that children should spend large blocks of time sitting at desks while the teacher "teaches" or working alone silently on assignments. In such a classroom, subjects like reading, math and writing are taught separately and during specific periods of time. A child's day is typically spent working in isolation on practice exercises and worksheets. Children are expected to sit still and limit their physical activity to recess time. Students who are unable to follow rules, sit still and complete tasks, are thought to be discipline problems. Academic progress is usually based on standardized testing of skills that do not take into consideration culture, language and developmental differences. In the academic model program, parent involvement in their child's education is often limited to attendance at parent-teacher conferences and special school events like concerts and plays.

Primary age children are neither physically or emotionally ready for this academic model. Their attention spans are not long enough to allow them to focus on concrete subject matter for more than a few minutes at a time. Their growing bodies need to be moving as they continue to refine and develop coordination and it is inappropriate for them to sit still for long periods of time. Young children learn best when they are allowed to actively explore subjects in a variety of activities that integrates subject matter. Inflexible, single-subject curriculums in academic model classrooms do not build on a young child's natural learning style, curiosity, and emerging social development. Environments that do not allow children to work in groups and engage in tasks with their peers and adults cannot practice their emerging social, communication and reasoning skills.

Within any school, the types of programs

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Rivers to Cross, *continued*

offered can range from quality early childhood education models to the traditionally academic, with many variations in between. When a child comes from an early childhood development based program like Head Start, and moves into an academic based classroom, the adjustments a child must make are major and complex. If classroom practices within the public school differ from grade to grade, children may have to make continual adjustments throughout their elementary school years.

Transition = Continuity Amid Change

As caregivers and educators of young children, our responsibility is to create not only the programs that help children gain the experiences, strengths and skills they will need to meet the challenges of each phase of their life, but to help children make a smooth transition from one phase to the next.

In the predictable, but varying journey of a child's development, continuity is the critical element in transition. One of the most important steps in providing continuity is to ensure that all programs at all levels - child care, preschool, kindergarten through third grade - provide services that are appropriate to the way children grow and develop, respond to the unique needs of an individual child, and include parents in the education of their children.

Establishing continuity between early childhood programs is not the sole responsibility of any one program, organization or person. Schools, parents, child care providers, health care and social service agencies, government, and policy makers can all make important contributions to develop continuity for children's programs. Following are some of the these key contributions.

Schools. Many reports and studies have been written about the need for public schools to provide early childhood programs for children in at least the primary grades (K-3). For some schools that are still focusing their primary classrooms on the academic model only, this will mean major changes in all areas: content and curriculum (how to teach, what to teach and when); teacher training and certification; how to assess student progress, how to adjust curriculum to meet a child's individual strengths, needs, and interests; involving parents as active partners in education; linking with community resources to provide comprehensive services to children and their families; collaborating with other early childhood programs and organizations to establish their own program as well as others in the community. Many schools have already implemented some of the key principles of an early childhood program involving curriculum, content, teacher training, and student assessment. But very few schools have gone beyond those first steps and fully implemented the other essential early childhood components - active parent involvement, comprehensive services to children and families, and collaboration with other programs and organizations. Most schools have readily assumed the responsibility for providing appropriate learning environments for young children, but stop short of assuming responsibility for programs outside of their school jurisdiction or for family well-being; and that is a tremendous loss for families and communities. **Schools, because they have an almost unique access to children and families, are a natural hub for bringing together a wide range of resources to support families and for establishing strong working relationships with the varied resources in their communities.** Moreover, schools have the capacity to set standards of care and education for the community and act as peer helpers for other programs. Schools can act as a catalyst in establishing relationships with other early childhood programs, parents, and policy makers; collaborating with them to develop common goals, strategies and a community structure to support children and families. Schools can also play a major role in helping to develop continuity and thus effective transition policies between programs and the schools.

As caregivers and educators of young children, our responsibility is to create not only the programs that help children gain the experiences, strengths and skills they will need to meet the challenges of each phase of their life, but to help children make a smooth transition from one phase to the next.

Universities also play a key responsibility in providing continuity. They have the responsibility for the education of teachers. The quality of university staff, their understanding of what information teachers will need, the quality of early childhood education classes offered in their programs, directly translates into early childhood classrooms in tomorrow's schools.

State Boards of Education, state departments responsible for education, child care programs and social services, policy makers and elected officials. State and local government entities have the ability and the resources to shape programs for children, either for better or worse. Government passes laws, appropriates funds and develops policy, regulations and guidelines that govern programs for children and families. Government can support early childhood programs for all children through reviewing and improving state policies related to school curriculum, teacher training and certification, testing and assessment, parent involvement and family support. For example, in Alaska the State Board of Education Professional Licensure Task Force has been reviewing standards of education, teacher training and certification for Alaska's educators. Their review indicates that we can no longer afford to have teachers with little or no early childhood development experience and education in our primary classrooms. The task force will be recommending to the State School Board that higher standards of training and education for staff, administrators and schools be developed including: requiring teachers in Kindergarten through grade three programs have an Early Childhood Education degree or Early Childhood Endorsements that are complete and appropriate; and that schools develop quality initiatives for teacher training and education.

Through the appropriation of adequate funds, government can sponsor efforts to inform and education parents and citizens on the importance of a child's early education growth and development, provide additional resources and incentives for early childhood program development in schools, including early childhood education programs at universities and colleges.

By setting policy and guidelines, they can mandate state agency collaboration in planning, setting standards of care, and program development to promote continuity of care and education for all children's programs.

Budget processes can promote early childhood funding as an investment opportunity

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just like other state resources like oil or timber and through funding of successful children's programs, promote equity and access for all children to quality early childhood education programs.

Parents and Families. It cannot be said too often that parents and families are a child's first and lifelong teacher. Recent research on brain and child development during the first three years of a child's life has cemented what early childhood practitioners have been saying for the past 20 years - that the experiences a child has before they enter public schools are crucial to their success in school and later in life. Parents and families are the direct providers of the nurturing, care and experiences that will stimulate the explosion of growth, development and learning that is occurring during their early childhood years. Parents and families will select the type of care a child will receive outside the home if a child enters child care, preschool or receives services from other early childhood providers. Parents can be the frontline in assuring that continuity of care exists as a child moves from one program to another simply because they are the ones to select the type of out-of-home care and early education programs for their children. Selecting quality care and education, and insuring continuity exists between programs means, however, that parents and families must be informed.

In traditional public school program models, parents are not expected to choose what type of classroom their child will enroll in, rather they are expected to enroll their child in school and leave education up to the schools. When continuity of care and education does not exist as their child moves into kindergarten, parents are expected to help their child cope with transition into public school. In early childhood education programs, parents are viewed as partners in education and expected to help educators selected and develop the programs that are best suited to their child's individual needs and to support that both in the home and school setting. Parents and families can also look to the school for assistance with family issues that may hinder their child's progress in school. When parents and family members are informed about the type of programs that are most beneficial for their children and work with schools and communities to help develop those programs, schools will respond.

Head Start. The recently revised Head Start Program Standards included specific guidelines for all programs to develop transition plans for their children and families. For Head Start, this means not only developing training sessions and activities for their parents and children to help "bridge the gap" between Head Start and the program that currently exists in their community school; but it also means working on the re-defined concept of transition of providing continuity from Head Start to public school. Working toward continuity is occurring on both a state and national level. Examples include:

Project Pride. In 1992, the Federal Head Start program made grant funds available to states for Head Start transition demonstration projects. These five year projects were developed to address the "fade out" issue previously discussed in this article. Alaska was one of the states awarded grant funds to establish the "Project Pride" transition project in Anchorage between the school district and local Head Start programs. In an intense collaboration program, two groups of children were studied through the primary public school grades. For one group, comprehensive Head Start services were extended into the public school. A second control group of Head Start children entered public school without changes being made to the existing school program. Data was collected for each of the groups of children to determine if gains made by the children at Head Start were affected by the different public school structures. The current fifth year of this project will be the final collection, analysis, and publication of the data collected.

Alaska Head Start Collaboration Project. Alaska also receives federal grant funds for a five-year Head Start Collaboration grant to promote effective collaboration between programs and agencies that provide services to young children and their families. This year grant funds were used to help facilitate a pilot transition project between Head Start programs and local elementary schools. Resources from the grant are also being used to develop a "Parent and Family Guide" to help parents with both the transition to public school and to develop continuity between the Head Start program and elementary school program. Resources from the grant are also being used to support the Alaska Partners for Early Care and Education. One of the goals of this project is to support continuity of care and education in Alaska through the development of standards, education, training, and certification procedures for all programs at all levels that provide services for children and families.

Other early childhood programs (including preschools, family home and center based child care, health care and social service agency programs, child care resource and referral programs). Every community has support systems for children and families that provide a variety of education, health care, social services and child care services. We do not often think of health care or social service agencies in the context of early childhood practitioners. But when providers have a core knowledge of how child grow and develop, and how family well-being supports that growth and development, services are more comprehensive and successful. Continuity of care is especially important if children and families need specialized services for developmental delays or medical conditions. Children may move from birth to age 3 services from a public health clinic, Infant Learning Program or Healthy Families; then services from age 3 to 5 from Head Start or preschool; and then special education services from the public school. When continuity of care does not exist between these programs, transitions can compound the challenges children and families are already facing. Realizing the importance of transition for children with special needs, the Alaska Head Start Program and the Infant Learning Program developed a Memorandum of Agreement to provide continuity for children and families as they move between programs.

Programs like child care resource and referral agencies, that provide training and resources for child care providers and parents, have extensive information on the types of programs available in a community, provide training on early childhood education and training and could become a valuable resource in helping establish continuity between programs.

One of the most important steps in providing continuity is for all early childhood services providers to build relationships and begin collaborating. Collaboration means that agencies and programs will work together to reach joint goals, and strategies, share leadership, develop a continuous structure to support children and families and share resources such as training opportunities.

Transition is a Journey

The early childhood years are critical years of growth and development for children and families. As children move from one life phase to the next, their travel should be a smooth, gentle journey that leads to their future success. A journey that has gaps to be crossed and holes to be filled will only delay and challenge their progress. By building programs that are based on the knowledge of child growth, development and learning; by insisting that all programs at all levels are grounded in those same principles, we create the smoothest journey possible.

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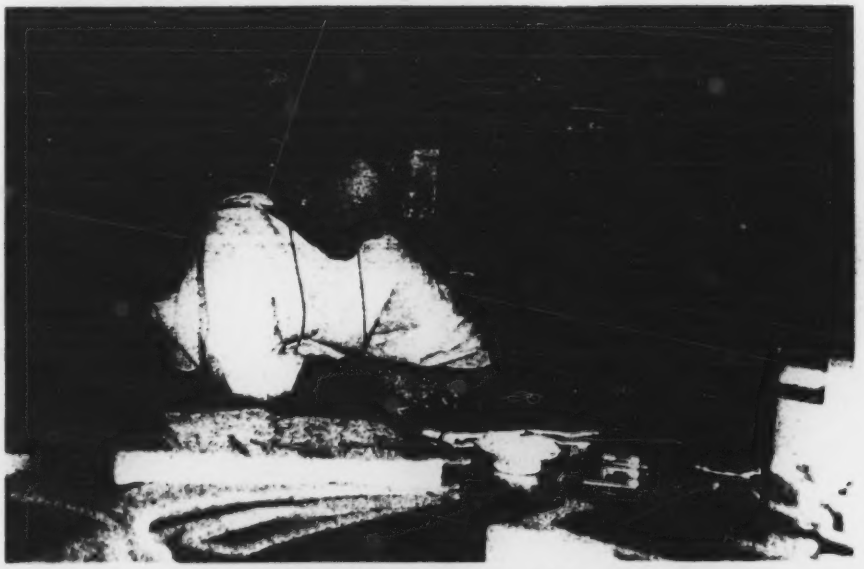
Profiles . . . *on behalf of Children*

Laré

If only two words could be used to describe Lare's contributions to the well-being of Alaska's children and families, they would have to be "founding member." Years ago, Lare' developed a dynamic vision for Alaska's children and families . . one of quality child care programs in the state; collaboration between parents, providers, businesses and community resources to provide high quality early care and education programs for children and families; creating networks and organizations to advocate for funding and recognition of children's issues; and a system of programs like Head Start, that would provide comprehensive services to the most vulnerable Alaskan children. . . . and Lare' made it happen. Her tireless efforts have left behind a legacy of programs and beliefs that are still going strong today.

Lare' began her work starting the first kindergarten program in a rural community in Washington state and as a first grade demonstration teacher for Washington State University. In 1967, Lare' helped research and write the first national study of Head Start and fell passionately in love with the program and the possibilities it represented. In 1974, Lare' worked with the Anchorage/Alaska League of Women Voters to write the Day Care Assistance Law, the first state in the United States to develop a state funded subsidy program for child care and one that is nationally recognized. Lare' worked with Alaska child advocates to be the second state to fund Head Start in 1977. In 1980, she worked with child advocates to write the Child Care Grant and Education and Training Grant programs for Alaska, the first grant program of its kind in the United States. From 1980-1990, Lare' administered the Alaska Child Care and Head Start programs for the state of Alaska; and from 1990-92, helped develop and establish the Early Childhood Department for the University of Alaska, Anchorage. In between these major tasks, Lare' became an active member of the National Association for the Education of Young Children (NAEYC), including a founding member of the Alaska NAEYC; a founding member of the Alaska Head Start Director's Association; a founding member of Child Care Connection resource and referral agency; a founding member and current co-chair of KIDPAC child advocacy organization.



Laré and grandson, Becquer Dylan Medak-Sequin, age 9.

Lare' provided the leadership for her vision through a variety of organizations: as a president of PTA; an active member of the League of Women Voters in Alaska, California, Virginia, Washington, D.C.; the National and Alaska Chapter NAEYC; the Alaska Head Start Association; and through her attendance at literally countless national meetings, conferences and work sessions. Lare' still travels about 50,000 miles a year and when adding up her itineraries, lists travel to all 50 states and Washington, D.C.; three states in Mexico; four provinces in Canada; England, Scotland, Spain, North Africa and Algeria. In her home state, Lare' has traveled to 156 Alaska communities from Ketchikan to Kotezbue.

Throughout all of her efforts, Lare' has kept her vision and beliefs, often weathering the storm of state and national political changes to establish and maintain what she and many other early childhood advocates believe, are the best efforts on behalf of children and families.

In addition to creating and maintaining the foundations for Alaska's children, Lare' has maintained her own personal foundations - as mother to two sons, mother-in-law to two daughters, Nana to her 9 year old grandson, daughter to her 90 year old mother, sister to a brother and sister, aunt to four nephews/nieces, and great-aunt to six.

And for other fun? Lare' is a founding member of Alaska Sisters in Crime, an international organization for women mystery readers and writers, a sometimes Unitarian member and an active member of the North Star Community Council.

It seems fitting that Lare's current career activities are as an evaluator for Project Pride, Head Start's state transition demonstration project and the Even Start family literacy program in Anchorage, Juneau and Sitka. It would be hard to find anyone else in the state who is better qualified to evaluate programs for Alaska's children and families.

Head Start Update

What Head Start Means To Me

from the parents, children and staff of ***Golden Head Start,*** *Fairbanks, Alaska*

- A program that encourages children to talk, talk, talk.
- Non-stop hard work, but worthwhile.
- A place to practice new computer skills.
- Learning things to do with children at home.
- Awareness of how much children are learning doing every day things.
- From parenting, to Head Start, to employment.
- Foster grandparenting.
- Head Start gives me a purpose in the morning.
- Gets me out of my shell.
- Seeing own child change and grow and develop.
- Interacting with other Head Start parents and staff and everyone.
- Self-esteem, self-confidence, independence for children and parents and staff.
- There isn't anything you cannot do!
- A place where people **really** mean involve parents to benefit children and parents.
- Eating with children and enjoying it!
- Improving children's health through good nutrition!
- Practice being patient.
- Seeing carryover of things learned at Head Start to other settings.
- Head Start support for parents taking classes/courses/meeting their OWN needs.
- A place where it's safe to make mistakes.
- Do what you love! It's probably what you do best!
- The whole family is WELCOME!
- Parenting leads to employment at Head Start.

Head Start State Grants

Each year, Alaska makes state funding available to Alaska Head Start programs to supplement federal Head Start funds and provide more services to children and families in Head Start communities. This year a total of $5,489,250 state dollars will be allocated to grantees to serve 688 Head Start children in 90 communities. Combined state and federal funding allows Head Start to serve 3,228 children in 92 communities or 22% of the income eligible children and families - 78% remain unserved.

Grantees and the number of children or communities that will be served by those state dollars include:

- Association of Village Council Presidents - 55 children served in 11 communities
- Bristol Bay Native Corporation - 6 communities served
- Central Council of Tlingit and Haida Indian Tribes of Alaska - 35 children served in 10 communities
- Chugachmiut - 2 communities
- Chugiak Children's Services - 72 children in 5 communities
- Fairbanks Native Corporation - 10 children in 1 community
- Adult Learning Program of Alaska - 20 children in 2 communities
- Kawerak - 39 children in 13 communities
- Kid's Corp - 65 children in 1 community
- Metlakatla - 9 children in 1 community
- Rural Alaska Community Action Program - 301 children in 30 communities
- Southcentral Foundation - 10 children in 1 community
- Tanana Chiefs Conference - 72 children in 9 communities.

Head Start Collaboration Grant Status.

In October of 1992, the State of Alaska applied for, and was awarded, a five year Collaboration Grant from the U. S. Department of Health and Human Services, Administration on Children, Youth and Families. The purpose of this grant was to create significant statewide partnerships between Head Start and the State. The goal of these partnerships was to improve services to low income children and their families. While some of the priorities shifted and changed (mostly due to Welfare Reform) over the term of the project, the State Collaboration Project has met and surpassed goals proposed in 1991.

The Collaboration Grant has been a part of implementing and supporting on-going projects, such as the Alaska partners for Quality Care and Education, and establishing ways to distribute information about children's issues, through the **Resource Guide of Programs and Services for Young Children and their Families,** and the *Alaska's Children* newsletter. It supports the Alaska State Head Start Association, which is instrumental as an advisory group for the Collaboration Project and in ensuring that Head Start funding and programs reflect the identified needs of Alaska's children. The Collaboration Project has been at the table as Alaska's Welfare Reform plan takes shape, participated in the development of the State Child Care Plan, supported the Governor's Children Cabinet and the reactivated Alaska Children's Trust. A long list of other collaborative efforts have also been built as the Project moved through the five year plan

As the five year grant draws to a close, there have been many successes, and the momentum is strong in many on-going projects, such as the Alaska Partners Project, the development of a comprehensive transition plan from Head Start to public schools, and a host of others. There is still much to do, not only to see the completion of on-going projects, but to bring projects still in the planning stages into reality. Because the Collaboration Grant has been so vital in many efforts and because there is still so much potential for the Grant, the Alaska Head Start Program is applying for a second five grant through the U. S. Department of Health and Human Services. The grant application will be finalized and submitted this summer.

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Children's Cabinet News

Alaska Children's Trust Grants

The Alaska Children's Trust was created in 1988 to address the rising rates of child neglect, abuse, family violence and juvenile crime. The trust remained idle with no funds until 1996 when Governor Knowles reactivated the trust by appointing trustees and securing funding. The trust balance is now over $6 million. Each year, the interest earned from the trust fund will be used to financially support and promote activities to strengthen families and protect children. Funds from the principal of the trust cannot be spent. This Spring marked the first time the interest earnings from the Trust were offered for projects for child abuse and neglect prevention. A Request for Proposals was issued by the Children's Trust Board of Trustees asking eligible applicants to submit proposals for review and funding. By May 19, 1997, (the deadline for submitting grant requests) 56 grant proposals from around the state had been submitted for consideration.

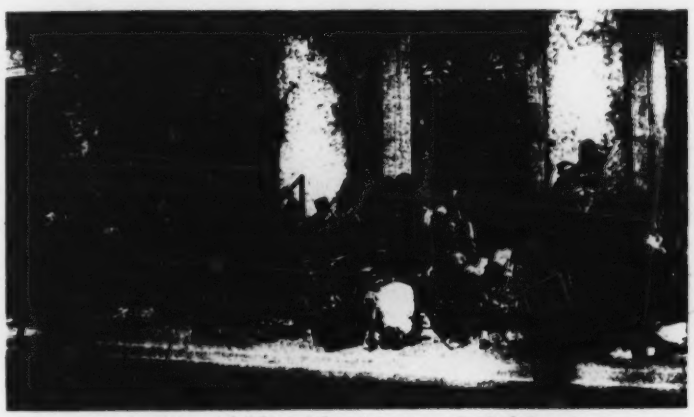
The receipt of so many grants was gratifying. . . it indicates that there are many organizations that are working to prevent child abuse and neglect in Alaska and who need financial support to implement their programs. The receipt of so many grants was also difficult because of the limited amount of funds that are available to distribute this year. Interest from the Trust fund that is available for grants this year was just $290,000, while the total amount of funds requested for all 56 grants was over 1.6 million dollars. The requests for funding for individual grants ranged from $6,000 to $50,000. This means that only a small number of grant proposals will receive funding this year.

On June 5, a proposal evaluation committee will begin reviewing the submitted proposals. Recommendations for funding will be submitted by the committee to the Children's Trust Board of Trustees. Awards notification will be made on or before July 1, 1997, to those organizations who submitted grants.

The statewide interest shown by the number and quality of grant proposals that were submitted for possible funding from the Alaska Children's Trust, illustrate the importance of the Trust and the need to increase the amount of funds available for grants during the coming years. Since only the interest from this "savings account for children" can be spent, the principal of the account must be increased substantially if more funds are to be made available. During the 1997 legislative session, the Governor requested that the legislature add to the principal of the Trust using a portion of the funds awarded to the state from a legal settlement with the Executive Life Insurance Company. However, that request was not acted upon by the current legislature. During the coming year, the Alaska Children's Trust Board of Trustees and the Friends of the Children's Trust will be renewing their efforts to increase the principal of the Trust through private and corporate donations, fundraising events and state appropriations to the trust. For more information on how you can support the Alaska Children's Trust, call 1-800-643-KIDS (5437).

I Am Your Child

During the week of April 21, 1997, Alaska joined other states across the nation in the "I Am Your Child Campaign." The campaign featured a week of public awareness events about the importance of the first three years in the life of a child. The goals of the campaign are to promote family involvement in young children's healthy development and school readiness, to mobilize communities to act on behalf of young children and their families, and to build the capacity of early childhood organizations to help families nurture their



"I Am Your Child" Celebration, State Capital, Juneau

Calendar of Events

June 18-20 Anchorage, AK	*Western States Leadership Conference* *National Association for the Education of Young Children*	Ms.Lare' 274-7793
August 11-15 Sitka, AK	*Parents as Teachers (Birth to Three) Program Implementation Institute*	Chris Niemi 465-8721
August 25-28 Fairbanks, AK	*Gathered Knowledge-Shared Knowledge* *AIPB Alaska Head Start Training Conf.*	Fairbanks Native Assoc. 456-4989
September 11-12 Wasilla, AK	*State Board of Education Meeting* *Meeting*	*DOE* 465-2801

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COLLABORATION

B·R·I·E·F·I·N·G·S

The Alaska Partners for Quality Early Care and Education project is dedicated to the goal of establishing a statewide plan for improving quality early care and education for Alaska's children. One of the strategies to accomplish this broad goal is to support collaborative training models throughout the state that can be modified or duplicated by others in the delivery of quality training for caregivers of children age prenatal to five. The Alaska Head Start program was able to secure funding through federal sources to award mini-grants to organizations to develop and implement model training programs for the Alaska Partners project. Approximately $32,000 dollars was awarded for eligible projects. The grants will be administered through the Anchorage Resource and Referral Agency. Mini-grants that were awarded include:

■ "Assessing and Improving Your Classroom Environment", Anna Franks, Tanana Child Development Center, Anchorage. Through the use of video and photography, teachers will analyze their classroom environments. The teacher will identify individual goals for ways to improve their learning environments to recognize the potential of the children in their program.

■ "Early Childhood Mentoring Training Program", Kerry Reardon and Mary Lil Szal, Anchorage. The purpose of this grant is to encourage inclusion of children who experience special needs into their community. Training will provide the skills necessary for early childhood teachers to recognize that all children can participate together in their natural settings with modifications and support.

■ "Science Toys and Literacy for the North Slope", Diane Hoffbauer of APU, and Paul Ontooguk, Ilisaguik, Anchorage and Barrow. A grant to prepare and deliver two full day workshops to early childhood educators on the North Slope.

■ "Child Care Mentors", Joy Lyon of NAEYC-SEA, Juneau. A project to establish a mentor training and referral program for licensed child care providers in Juneau.

■ "Playtime is Science Training", Carin Smolin of the Juneau Even Start Literacy Program, Juneau. Playtime is Science is an equity-based developmentally appropriate, parent/child sci-

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STATUS REPORT

Alaska's Children

Homeless Children

- The fastest growing sub-group in the homeless population is families with young children.
- Three-fourths of all homeless families are headed by single women.
- An emergency shelter for single women and women with children in Anchorage served an average of 100 clients per month - 57% are women with children, the majority of those children are under the age of 8.

Child Abuse and Neglect

The number of reports of harm to children continues to increase in Alaska. During FY39, the Division of Family and Youth Services received 7,876 child reports of harm. During FY95 15,706 child reports of harm were received which reflects a 99.4% increase from FY89.

Source: Alaska Department of Health and Social Services, Annual Report, Fiscal Years 1994 and 1995

Alaska Education Report

■ Percentage of classes taught by teachers (in Alaska) without formal training in the subject matter are:

State average - 25%
Low poverty schools - 22.2%
High poverty schools (over 1/2 of students are low-income) - 49%
Low minority schools - 21.6%
High minority schools (over 1/2 non-white population) - 46.1%

source: Education Watch - The 1996 Education Trust State, Washington, D.C.

■ Alaska now imports up to 85% of its new educators from outside the state.

■ Alaska's student population continues to rise - the average daily membership for the 1995-96 school year represents a 1.8% increase over last year. The two fastest growing school districts are St. Marys and the Aleutian Region.

■ The K-12 Average Daily Membership for 1995-96 was 124,754 students in 490 public and state operated schools. Of those students:

- 19.5% are low-income (24,309)
- 4.1% are enrolled in gifted/talented programs
- 18.1% are enrolled in special education programs
- 12.7% are bilingual
- 4.1% (2,189) of the students enrolled in grades 7-12 dropped out of school during the 1995-96 school year.

■ From 1992 to 1996, statewide education revenues to cover cost of increased student populations rose nearly 8%; expenditures by school districts increased by more than 10%

source: Alaska Department of Education Report Cards to the Public, School Year 1995-96

■ During the 1996 legislative session, funding for per/student education costs were not increased above previous per/student funding levels.

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Alaska's Children

Alaska Head Start State Collaboration Project
Alaska Department of Community and Regional Affairs
P.O. Box 112100
Juneau, Alaska 99811-2100

BRIEFINGS, continued

ence program that provides a comprehensive, process-oriented approach to improve science learning. Participants will learn hands-on applications for facilitating science educaiton with young children and their parents.

■ "Library-Making it Better!", Dora Powell, Healy. This project will provide a selection of books to help parents in their roles as parents, care givers, teachers, friends and advisors.

■ "Literacy Backpack Project", Lavonne Dyden of Kodiak Head Start. This project will provide a variety of backpacks that contain age appropriate books for parents to tread to their children. These backpacks would rotate on a regular basis. A collaborative workshop on early literacy will be offered to parents and providers in the area.

■ "Young Children and Literacy Workshop/ Book Backpack Program", Tekla Eyon of the Petersburg Children's Center. A project that will offer a literacy workshop and the organization of a Book Backpack program.

■ "Workshops on Activity Planning, Day Care Sanitation and Classroom Management", Jill Pinelli of the Norma Jean Child Care Center, Bethel. Workshops will be offered to help staff with basic care issues and classroom management skills.

■ "Extended Head Start: Village Child Care", Elenore McMullen of Port Graham Village Council. Collaborative training for villages of Port Graham and Nanwalek to provide training to start day care facilities in communities using Head Start facilities.

■ "Restarting the Fires", Linda Bible of Small World, Inc., Kodiak. A two part training series designed to empower child care professionals and educators and parents with confidence in their abilities to identify and assess strategies; and the effective use of behavior and environmental modification strategies leading to the enhancement of the self-esteem for children in our care.

■ "Lets Go Surfing", Patty Merit of University of Alaska, Fairbanks. Grant funds will help purchase hardware so early childhood programs can link on the Internet and take early childhood University courses from their worksites.

CABINET NEWS, continued

children. The campaign is not designed to start and end in one week. Rather, the goals of the campaign are long term tasks to help promote the healthy development of young children now and in the future. In Alaska, a "I Am Your Child" Coalition has been formed to continue the goals of this campaign. The coalition is made up of representatives from communities, businesses, Native organizations, early childhood organizations and programs, educators, parents, state and other government agencies, and profit/non-profit organizations who are interested in children and families. Tasks that have already been discussed by the coalition are: developing a three year campaign strategy, recruiting individuals to participate in the Alaska campaign, identifying statewide programs and services that support children and families, continued public awareness activities to promote current research on child development and a statewide Children's Conference. For more information on Alaska's "I Am Your Child Campaign," contact Shari Paul, Special Assistant to the Children's Cabinet at 465-[illegible]

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Alaska Department of Community and Regional Affairs • Quarterly Report • Fall 1997

PS 026335

Alaska's Children

Insuring Our children

Just for the Health of It

"He who has health, has hope; and he who has hope, has everything.

—Arabian Proverb

If you were to walk into a bank today and ask for a loan for a new house or car, you will be required to have an insurance policy for the house or car. If the house burns down or the car is damaged before the loan is paid off, the insurance company will pay for repairs or damages. Banks want to be sure that their investment is going to be protected. Other types of business ventures may also require insurance protection - liability insurance for construction companies, malpractice insurance for medical doctors and hospitals, life insurance for joint partnership ventures, auto liability insurance for licensed drivers. Some insurance policies are required by state or federal laws as a condition of doing business. Insurance is a system of protection. We want to be sure that our investments are secure and that we are protected against loss.

One of the insurance options that we could require, but have chosen not to, is a system of protection for all children. Today, in the United States there are 10 million children who do not have any type of health insurance. Uninsured children and their families have no guarantee that they can receive medical check-ups to make sure they are healthy or that if they become ill they can afford to get prompt medical care. If a child becomes seriously ill, the financial security of the family can be severely strained. When a family exhausts their financial resources, the cost of medical care is shifted to doctors, hospitals and the public.

There is growing concern about the fact that millions of children lack the protection of health insurance. Over the last decade, individual states have been slowly moving to expand health insurance coverage for children. This year seven states have passed laws to address health coverage for children and 31 states are currently debating child health legislation. These and other states' efforts were given a boost in early August when President

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The Alaska Head Start State Collaboration Project is funded by a grant from the U.S. Department of Health and Human Services.
For more information, contact the Alaska Head Start Office at (907) 465-4860.
Project Director–Marilyn Webb; Newsletter Editor–Dorothy Douglas

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Health of It, *continued*

Clinton and Congress agreed to a large expansion of federal aid to help uninsured children. Included in the Balanced Budget Act of 1997 and Taxpayer Relief Act of 1997, is a $24 billion dollar package to create a Child Health Insurance Assistance Program. The Program will provide funds, based on the number of uninsured children in each state, to help establish child health insurance initiatives. To receive these funds, states must have an approved plan for their uninsured children. Alaska is currently in the process of reviewing the status of uninsured children in the state and considering what kind of plan would best meet the needs of its children and families. As we consider our options, it is important to understand some basic questions about uninsured children: Who are the uninsured? What happens to uninsured children? Why do children lack health insurance?

Who Are These Children?

Since 1989, the number of uninsured children in the United States has grown by an average of 1.2 million a year - or nearly 3,300 each day. By 1995, the number of children who did not have health insurance reached 10 million. **Of these 10 million children:**

- 63.4 percent lived in households where at least one parent worked full time for the full year;
- 28 percent lived in households where one parent worked full time for less than a full year;
- 60 percent of these families had annual incomes of at least $33,000 per year.

In Alaska, during 1995:

- 200,000 children lived in Alaska ;
- 9 out of 10 children lived with families where at least one parent worked;
- 60,000 children were insured by Medicaid;
- 118,000 children had private health insurance;
- 17,000 were uninsured.

By 1997, the number of uninsured children had increased to 23,000.

A commonly held belief is that children have no health insurance because their parents are not working. **The reality, however, is that over three-fourths of the uninsured children live in families with at least one parent who works full time.** A growing number of children lack health insurance, ironically, because their parents are working; but they are working in jobs where insurance coverage for children is not offered through their place employment, or in jobs that do not pay enough to afford private insurance. Some families become uninsured when they change jobs and lose insurance coverage for a period of time.

It seems reasonable to expect that if you are working, you should be able to have the benefit of health insurance coverage for families. But for many families, this is not the case. In order to understand why, it's important to know how insurance is all tied up with employment.

The Insurance Game - Why Are Our Children Uninsured?

Health insurance coverage, or the lack of it, is a condition of employment.

Health insurance plans are employer-based, that is, they are chosen and owned by the employer. The employer decides if the employee only, or the employee and their dependents, can enroll in the insurance plan (coverage); how much the employee will pay for coverage (premiums); what procedures and services will be paid for (medical benefits); and who can provide medical care (managed health care vs. private physicians). The health insurance plan is offered to employees as part of the "employment benefit package." Benefits may also include other options like life insurance or retirement plans. Employees then have the option of enrolling themselves and, if available, their families in the employer-based insurance plan.

Employer-based insurance allows little room for employees to design coverage that best meets their individual needs. The goals of the employer and employee are often at odds. A business that offers mostly low skilled, low wage jobs and has a high employee turnover rate, may have little interest in offering health insurance coverage for children or for an employee that will probably be with the company less than a year. The employee, on the other hand, may have health insurance coverage for their children as their top priority. Health insurance coverage for employees and their families is least prevalent in low skill, low wage jobs.

Beginning in the 1980's, a disturbing trend in health insurance coverage began to surface - a slow but steady decline in number of workers, and in particular children, who were covered by health insurance through their place of employment. Between 1989 and 1995, employer-based health insurance coverage fell 6 percent a year. In 1987, 66.7 percent of children were covered as dependents; by 1995, only 58.6 percent were covered. **Since 1989, an average of 1.2 million children a year have lost private health insurance coverage.**

Since 1989, the number of uninsured children in the United States has grown by an average of 1.2 million a year - or nearly 3,300 each day.

The loss of health insurance coverage for children and families has been attributed to one major reason - the rising cost of health insurance. The reasons it is costing more and who is paying for it depends on which hat you are wearing: the employer's, the insurance company's, or the employee's.

The Insurance Company.

Insurance companies report that their increased costs are due, in part, to insurance reforms aimed at making insurance more affordable and accessible. Many of these reforms were brought about by consumer demand, state and national legislation. They fall into four categories:

Guaranteed Renewal - Previously, insurance companies could drop coverage if claims for an illness or injury was too costly or if they were likely to continue because of a long-term disability or chronic illness. Guarantee renewal means that insurance companies are required to continue coverage regardless of previous or future claims.

Guaranteed Issue - Children and families face an uninsured period when the parent is between jobs. Typically insurance coverage

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ends on the last day of employment and insurance at a new job does not take effect until 30, 60 or 90 days after the parent begins a new job. A parent may not have the same insurance benefits through their new job, such as family coverage or coverage for a preexisting condition. Insurance companies can refuse to insure any employee group or individual with a high risk of illness or with a pre-exiting condition. This "insurance portability" problem is a contributing factor to the rising numbers of uninsured children. Guaranteed Issue means that insurance companies must provide coverage to high risk groups and individuals whose illness or condition began before enrollment with the insurance company, and must provide coverage for persons wishing to purchase insurance for the period between jobs. It does not, however, fully address the problem faced by workers who move from a job with dependent coverage to a job that does not offer insurance coverage for employees or their families.

Community Rating - While insurance companies can and do set their own premiums for insurance coverage, community rating prohibits them from charging different premiums for different groups within a given geographic area. A person living on the south side of town, which has higher accident or injury rates, could not be charged more than a person living on the north side of town where accident rates are less frequent.

Mandated benefit and provider laws - More insurance companies are being required by national and state legislation or employer demand, to provide coverage for a procedure or service that the company previously did not include in their benefit package. For example, the State of Alaska recently required that insurance coverage be expanded to add screening for breast and prostate cancer, and increase the amount of time mothers could stay in the hospital after child birth. Mandated benefit and provider laws require coverage for certain things.

These reforms may add up to a more compassionate benefit package, but they also add to the cost of premiums for the insured. States who have passed all four of these reforms have reported dramatic increases in their premium rates - rates that are paid, in the end, by employees.

The Employer.

As insurance companies began to raise the cost of coverage, employers responded by several methods to hold down their own costs: moving employees to managed health care plans - today three-fourths of all workers with employer-based insurance are enrolled in managed health care; reducing the kinds of coverage available to employees, and in some cases, dropping coverage options for families; shifting a greater percentage of health costs to employees, by requiring employees to pay a greater portion of premiums, especially for family coverage; streamlining businesses by using more part time, temporary and contract employees that are not eligible for insurance coverage.

In Alaska, many parents work in seasonal industries like fishing and tourism that do not offer coverage. Alaska also has a high proportion of small businesses that do not purchase group insurance coverage, principally because they cannot afford it. A number of parents work only part time or at temporary jobs. While they may wish to work more hours, many businesses restrict the hours of their employees to avoid paying benefits and employment taxes required for full time employees. Health insurance is rarely offered to part time and temporary employees.

The success of employer cost reduction efforts shows: in 1988 the cost of employer health benefits was 18.6 percent. Eight years later, in 1996, employer-health costs rose only 2.5 percent. This was the smallest annual increase in health insurance costs since the 1960's.

The Employee.

The increased costs associated with health insurance, most notably the higher premiums that working parents are being asked to pay, is causing them not to enroll themselves or their dependents in their employer's health plan, if one is available. In one national study, large companies required employees to pay more than three times as much to add family coverage to their benefit plan. The average premium rate for employee only coverage was $384.00 a year, while the premium for family coverage was $1,284 a year. These rates seem excessive when one considers that the price tag for child-only health coverage is much lower than one that includes adults because the incidence of serious illness among the child population is much lower than for adults.

Some employer-based insurance plans do not even offer family coverage options to their employees. Families desiring some form of health coverage are then forced to purchase coverage from a private insurance company not connected with their employment. Premiums charged for private health insurance are usually higher since there is no group rate discount. Individual health policies typically cost $6,000 annually for a family of four. Additionally, federal tax laws do not provide any incentive for working parents to purchase private insurance. The federal government provides tax relief to businesses in the from of tax deductions if the company provides employer-based insurance and other benefits. Tax deductions are also allowed for self-employed persons to purchase private insurance, and for those with very high medical bills who pay out-of-pocket health care expenses that exceed 7.5 percent of their income. A conservative estimate of these federal tax relief incentives in 1997 was approximately 52 billion dollars. Working parents in jobs with no insurance coverage, however, receive no benefits from this tax relief program. If they purchase their own insurance, they do so with individual income after federal and state taxes have been paid.

Parents who cannot afford health insurance have few options: they can pay for medical care with after tax income, do without medical care, or if their incomes are low enough, rely on community, state and federal safety nets for family health care. These safety nets may include public health clinics, emergency room treatment, state sponsored health services and, most notably, Medicaid. Medicaid is a federal program that provides health care benefits to children and families who meet low-income guidelines. Originally Medicaid coverage was available only to families living at or below federal poverty income levels or who were enrolled in assistance programs like Aid to Families with Dependent Children. Many families faced with the option of remaining on welfare or taking low-paid jobs without health care benefits and losing their Medicaid coverage, chose to remain on welfare. To combat the problems working poor families faced and to provide incentive to families to exit the welfare system, Medicaid increased their eligibility guidelines. As a result, more women and children became eligible for health care, nearly two-thirds of whom already had private health insurance. **At the same time Medicaid coverage expanded, the number of employers who offered health insurance benefits began to decline and the number of families with employment-based insurance dropped.** The number of children covered by employer-based insurance fell from 66.7 percent in 1987 to 58.6 percent in 1995. During this same period, Medicaid enrollments for children rose from 15.5 percent to 23.2 percent. The number of uninsured children, however, remained about the same. The total number of uninsured children only increased from 13.1 percent in 1987 to 13.8 percent in 1995. Alaska specific

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Health of It, *continued*

data reflects these same trends:

- In 1989 - 22 percent of all births in the state were covered by Medicaid benefits
- In 1995 - 40.6 percent of all births were covered by Medicaid

Families who do not have the security and protection of health insurance coverage, must often make hard choices about the medical care and treatment for their children. As a general rule, uninsured children do not fare as well as children with health coverage.

What Happens to Our Uninsured Children?

Preventive health care is usually the first "luxury" that uninsured children do not receive - both before and after birth. Preventive health care is extremely important for pregnant women. Prenatal health care should begin during the first 6 to 8 weeks of pregnancy, and continue during each month of pregnancy. The mother's physical and emotional health, diet, exercise and lifestyle habits are carefully monitored to insure the proper growth and development of the baby. Early detection and treatment of problems is of critical importance in reducing developmental disabilities, birth defects, low birth-weights, and infant mortality.

Well-child check-ups are the foundation of preventive health care for children. Beginning at birth, a baby should receive ten well-baby checkups during their first two years of life. Checkups are given at birth, 1 month, 2 months, 4 months, 6 months, 12 months, 15 months, 18 months, 24 months and 30 months. After the age of 2, children should receive a well-child checkup every year until age 18.

During these checkups, a child will receive the full course of vaccines needed to prevent childhood diseases of polio, tetanus, diphtheria, whooping cough, measles, mumps, haemopilus influenza, Hepatitis A and B, and chicken pox. A child will receive a full health screening for physical growth and development, hearing, vision, dental health, small and large motor skill development. Parents will receive information on care, nutrition, and child growth and development. Because of the out-of-pocket costs associated with well-child check-ups, uninsured children often do not receive the full course of immunizations needed to prevent serious childhood diseases. They may have health problems and developmental delays that go undetected and untreated until serious problems begin to develop. Parents may not get vital information on the care and development of their children; they do not have access to health providers who can help with health related family issues such as nutrition, family violence, drug and alcohol problems.

The second "luxury" that uninsured children often give up is routine exams and treatment for common childhood illnesses. Families often delay seeking medical care until their child's problems reach a crisis stage. A child's ear infection may go untreated to the point it causes permanent damage resulting in hearing loss and language delays; undiagnosed and untreated learning disability or vision problems can lead to poor literary skills and school performance. Some illnesses, such as a prolonged fever, may go untreated until the point that it develops into meningitis resulting in permanent brain damage or even death.

Some children even give up the "luxury" of playing baseball, enrolling in a ballet or gymnastics class, or traveling with the debate team. Most communities, schools and private or non-profit organizations now require that any child participating in these types of activities have private health insurance to cover the cost of injury, illness, or accidents. Children who do not have private health coverage, or cannot obtain it through their schools or community programs, are left on the sidelines.

Uninsured children:

- are less likely to receive consistent health care from a doctor who knows their medical history; and are more likely to receive crisis health care from a clinic or emergency room - the most expensive health care available;
- are more likely to miss more days of school and have lower academic performance due to illness;
- have parents who miss more work days due to family illness;
- have higher rates of accidents and injury because their families may not receive basic information on preventing childhood injuries;
- are more likely to need long-term medical treatment, rehabilitation, special education and training;
- are more likely to miss out on enriching school and community activities because of illness or ineligibility;
- have higher costs associated with their care and treatment - for example, nine months of prenatal care costs $1,100; while the cost for neonatal intensive hospital care for a low birth-weight baby, a condition directly related to lack of prenatal care, is $1,000 each and every day.

Manon Rebecca Paul at age 3 months has already had 3 well-child check-ups and scheduled immunizations to prevent Hepatitis B, Diptheria, Tetanus, Pertussis, Polio and Influenza.

While there are lessons to be learned from this brief analysis of who uninsured children are, why they are uninsured, and how it affects them; the fact remains that there are now over 10 million uninsured children and 23,000 of them live in Alaska.

The task now remains to build an insurance system that best meets the needs of these children.

Considering Our Options

If Alaska chooses to participate in the federal Child Health Insurance Assistance Program, approximately $5.1 million will be available the first three years, $5.9 million the fourth year and $4.9 million the fifth year. The state will be required to provide a state match for those funds, requiring a sizeable investment from the state general fund budget.

States may use funds to expand existing Medicaid coverage or to provide insurance under a state children's health insurance program. Up to 10 percent of a state's allotment may be used for other forms of child health assistance for children including contracts with providers for direct services; other health services initiatives to improve children's health;

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and outreach expenditures and administrative costs. Plans can serve families with incomes up to 200 percent of the federal poverty line, or $32,000 annual income for a family of four. Approximately 70 percent of the nation's uninsured children should qualify for coverage. However, the funds available through the federal program and required state match may only be enough to offer coverage for 50 percent of the nation's uninsured children. Enrolling all of Alaska's uninsured children would require an investment beyond the federal allotment and state matching fund levels.

Building an insurance plan for children means more than just playing a numbers game - using whatever money is available to cover as many children as possible.

A responsible insurance program must also consider **the kind of health care children need.** Children definitely need the types of coverage that are available in most health care plans, that is, medical treatment for illnesses, accidents and injury. But children also need coverage beyond that usually offered in basic health care coverage. **The highest priority areas for children's health care are preventive, behavioral, developmental and related to learning disabilities.** All children deserve to have well-child health care services; and studies of today's uninsured children indicate at least 13 percent need services for behavioral problems, 4 percent for developmental problems and 7 percent for services related to learning disabilities. These services are rarely included in private or employer-based health insurance plans. For example, under Alaska's health insurance plan for state employees, well-child exams and immunizations are not covered for employees enrolled in Option I of the State Group Plan which costs employees $39/ month, the plan that lower pay level employees are most likely to afford. Under Option II, well-child and immunizations are covered, but at a cost of an additional $84/ month. The treatment, training and education for developmental delays, behavioral problems, and learning disabilities are not covered under any of the state's employee insurance plans.

Consideration must also be given to the availability and appropriateness of health care for children in Alaska's unique environment. It makes little difference to child in a remote Alaskan village that health care will be paid for, if there are no nurses, dentists or doctors around to provide the treatment. One of the major barriers to receiving preventive care and primary treatment for children is the lack of health care providers in both urban and rural Alaska. Opening more public health clinics or hiring more public health nurses may only be one piece of the solution. The most appropriate care for some children's services may not necessarily be in a medical setting. The most successful programs that provide preventive care such as parent training, developmental assessments, education on immunizations, well-child care, injury prevention and a host of other services are through home-visiting services. There are many home visiting models to choose from, not the least of which is Head Start's Home Visiting component that has been in place for decades. A related article in this newsletter (see "The Quilt Project") describes a community-based home visiting program that is successful, innovative, engages community members, timely, caring, and has lasting results - just about everything you could hope for in a home visit program.

A responsible insurance program must also consider the kind of health care children need. Their highest needs are for preventive, behaviorial, developmental and related to learning disabilities.

One of the most accessible places for children and families to receive health care services, and the most often overlooked, are our schools - it's where the kids are. Each year, more schools are being forced to eliminate school nurse positions as a cost saving measure. Health screening for vision, hearing, immunizations, and physical well-being, once routine school services, are no longer available or are conducted by parent volunteers. Schools are also the most logical place for preventive programs and education about many of Alaska's most serious health problems like Fetal Alcohol Syndrome, nutrition related diseases, alcohol and drug abuse and accident or injury prevention. Standard health curriculums seldom address in depth why these problems are so prevalent in Alaska or how they can be prevented.

A health care plan for children and families, in addition to providing information about Alaska's health care problems, could also have built-in incentives that could help reduce some problems. For example, requiring all participants in the proposed health care plan to have up-to-date immunizations, well-child exams, and pre-natal care and education, would begin to address Alaska's appalling rates of infant mortality, children born with Fetal Alcohol Syndrome, children who are not fully immunized and serious accident/injury incidents.

While the goal of a health care plan must be to provide services to children and families without regard to their employment status, **employers and businesses in Alaska must continue to take responsibility for their employees' health and well-being.** Provisions in the federal child health program specifically address "crowding out" - that is allowing employer-based insurance to be dropped in favor of using federal health care funds. States must adopt procedures under their insurance plan to ensure that insurance does not substitute for employer-based insurance. Incentives, such as employer contributions to the uninsured children's program could be built into a health care plan.

The theory that "if you build it, they will come" does not always hold true. Under the state's current Medicaid program there are many children who are eligible to receive health care but are not enrolled in the program. Reasons for not enrolling children vary, and may include simply not knowing about health care availability, not wanting the stigma of being on "welfare", not wanting to go through the complicated process of enrolling, or not understanding that Medicaid is not part of new and complex "welfare to work" program. Care must be taken to help the public understand that a child health insurance program is not another step on the road to welfare or socialized medicine. Provisions in the federal child health initiative does allow states to develop standards for family participation in their children's health insurance. A sliding-fee scale would allow families to help pay health insurance premiums based on their family size and income level.

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The Quilt Project — The Gift of a Home Visit

The birth of child is an event that brings great joy, change and love into a family. It can also bring doubt, anxiety and worry. It is an event to be celebrated and supported. In Sitka, Alaska, an unusual group of community volunteers, local businesses, schools, and health care providers created a partnership to help new parents celebrate their child's birth; and to support their life-long commitment to parenting. This partnership has come to be known as "The Quilt Project," and it offers to the families of newborns in Sitka a home visit and a gift.

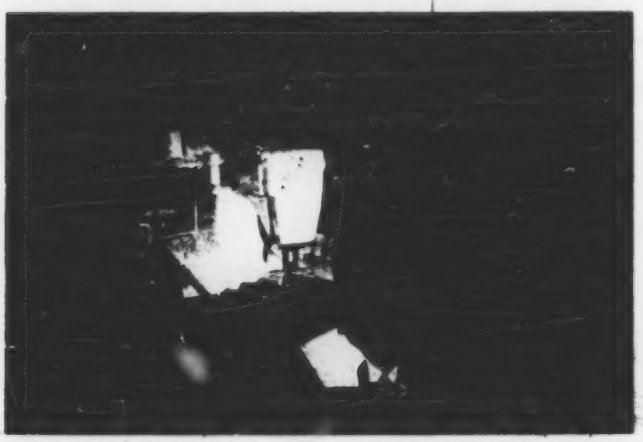
For many parents, especially new parents, the time following their child's birth is a time of adjustment and challenge. It is a time when many questions about newborn health and development may arise. Prenatally, most parents are concerned about maternal health and childbirth. Questions about their child's health and development usually arise shortly after the baby is born. The home visit is a natural and comfortable setting for parents to get their questions addressed in a sensitive and unhurried manner.

Four years ago the Infant Learning Program and Public Health Nursing teamed up to develop a home visiting program in Sitka. This home visiting program offers new parents information on infant health and development and acquaints them with the many services the community has to offer. New families are informed about the Quilt Project at birthing classes, through their health care provider and at the hospital. Home visits are not made unless parents specifically request one. All home visits are made within two weeks of the child's birth and are free of cost to the family. During the home visit, the Public Health Nurse provides parents with infant and maternal health information such as infant arousal and sleep states, colic, immunization, breast/bottle feeding, treating diaper rash, coping with postpartum depression, etc. The Infant Learning Teacher provides parents with infant developmental information and gives ideas for stimulating development in the following areas: visual, hearing, communication, physical, cognitive, and social. Parents are reminded of the importance of interacting and responding to their babies to encourage their overall development. Parents are also provided information about other local services such as local parent support groups and classes, play groups and reading and music programs for toddlers. The Public Health Nurse and Infant Learning Teacher also have the opportunity to refer a parent and infant to medical services if the parent has a medical/health concern, or if the provider observes a situation or condition that needs medical attention or advice.

Adult volunteers help guide the children as they create the quilts.

The parents are also given a baby quilt. A gift made by volunteers with materials donated by local businesses and organizations that welcomes a new member of the community. The quilt is offered as a reminder to parents of the importance of a healthy start for their newborn as well as the services available through Public Health Nursing and the Infant Learning Program. The quilts are a simple, 36 square tied quilt pattern. Sewn onto the back of the quilt is a white square with a personal drawing and signature of the volunteer who made the quilt. A second white square with Infant Learning Program, Public Health Nursing and Community Schools printed on it is also sewn on the back.

The benefits of the Quilt Project go far beyond the information that is exchanged in this two hour visit and the gift that will withstand many launderings. Take, for example, the baby quilt. It's a gift from the many volunteers that donate their time to make the quilt; a gift of money and materials from organizations and businesses; a gift from the community that says they care about how children grow and develop. When the project began in 1994, the baby quilts were donated by local quilter's groups. **By 1997, the number of quilts being made had grown to around 50 a year, the number of individuals who volunteered for the 1997 quilt project grew to 80, and the quilts were being made primarily by children ages 7 to 12.** The entire process of creating the quilts is now sponsored by the Sitka Community Schools' Learning Through Service Program. The program recruits children to make the quilts, adults to guide the process and funds to provide needed materials. Volunteers include the young quilters.



Volunteers, ages 7 to 12, create the quilts for Sitka's "Quilt Project" home visiting program.

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parents of child volunteers and organizations such as girl scout troops and church groups. Through the Quilt Project, children are exposed to the concept of working as a group and as a community. The project gives children a tangible way of contributing to others. Since children enjoy the process of creating a quilt and the quilt is personalized with their own design, a handmade drawing and signature, the project has a special meaning that children will remember. The Quilt Project provides children training and exposure to a new skill. A number of children and parents have continued their interest in quilting and gone on to learn more complicated quilt making as a hobby. Children involved in the Quilt Project are exposed to the importance of providing information and support to children and families. They learn that parenting is not easy and that the newborn visits are a way of helping parents get connected with local services that help them in their parenting.

The Quilt Project has increased public awareness about the importance of children's health and the services provided by Public Health Nursing and the Infant Learning Program. Sitka Community Schools coordinates advertising, volunteers and donations for the project. All materials, time and talent for the quilts are donated entirely by businesses, professional organizations and individuals. The finished quilts are displayed in the Sitka Post Office which has increased exposure of the project as well as proudly displaying the skills of the children who made them.

The Quilt Project has also increased the referrals for additional services from the Infant Learning Program and Public Health Nursing. A personalized home visit creates familiarity between families and community providers which increases the likelihood of families accessing services in the future. The more accessible services are to families, the earlier they will receive medical and developmental intervention when there are problems or concerns. Early intervention may prevent a condition from becoming severe or serious and may decrease the likelihood of need for future services. Referrals for Infant Learning Program developmental screening and Public Health Nursing services have increased dramatically since 1994 when the project began. Infant Learning referrals for developmental screening and assessments have increased by nearly 100 percent between 1994 and 1997. Public Health Nursing reports that requests for well-child exams and, particularly childhood immunizations have increased since the home visit program began. Requests are now being received for visits beyond the newborn period. Other community groups have also reported that more new parents are taking advantage of the services and activities offered by their programs.

Service providers in the community are also finding that the Quilt Project has opened new doors for them. Public Health and Infant Learning are working more closely together on home visits and the Quilt Project has increased the mutual referral by both programs. Working with the Sitka School District has opened doors to collaborative ventures such as the Infant Learning Program Teacher providing developmental activities through Community Schools Parent-Tot Time. They are also including Community Schools volunteers in development of specific Infant Learning Program projects.

This year 42 newborn families received home visits through the Quilt Project, which represents about half of the births in Sitka each year. But the word continues to spread about this program. The Infant Learning Program Teachers, Melanie Brown and Suzan Hess; Public Health Nursing staff Penny Lehmann, Nancy Cavanaugh, and Michelle Kennedy; and Community Schools Coordinator Susan Engelbrecht hope to visit even more of Sitka's newborn children and their families in 1998 and give away more quilts.

For more information on the Quilt Project contact Infant Learning Program at 907 747-6960 or Public Health Nursing at 907 747-3255. Thanks to Melanie Brown for contributing to this article.

Head Start Update

■ **Alaska Partners.** The Alaska Head Start Collaboration Project applied for a $50,000 grant to support on-going activities of the Alaska Partners for Quality Care and Education. Grant approval by the National Head Start Bureau is anticipated this fall. The Alaska Partners project is a consortium of individuals and organizations who are commited to creating a comprehensive statewide system of career development options for all who provide care and education for young children. Participants in the project include representatives from: Head Start, Alaska's university system, Alaska Departments of Education and Health and Social Services, Alaska Head Start Association, JOB CORPS, center and home-based child care, State School Board and others.

The new funds will support the overall goal of the Alaska Partners Project to promote training and career development for all those who work with young children. Specifically, grant funds will be used to support the Alaska Partners Project Coordinator and provide funding for mini training grants that are innovative, local models of training and professional development. This is the second grant the Alaska Partners Project has requested from the Head Start Bureau. The first year grant helped to fund 13 statewide professional development mini-grants throughout the state.

■ **Alaska Head Start Collaboration Project.** This newsletter marks the end of the five-year Collaboration Project Grant. The funds provided through this grant have helped to build and maintain partnerships between many government programs, Alaska Native programs and services, communities, businesses, schools, and private/ non-profit organizations in the state that support Alaska's children and families. Many of the projects initiated by the Grant have been so successful that the Alaska Head Start Program has submitted a proposal to the National Head Start Bureau for a second five-year grant. Accomplishments and benefits from the first five years will be reported in detail in our winter newsletter. We also hope to report our plans for the next five years.

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Calendar of Events

September 24-28 Washington, D.C.	*National Head Start Presidents Meeting*
October	***CHILD HEALTH MONTH*** *Solutions Before Problems*
October 10-12 Anchorage, AK	*Literacy Links Us All: Leadership Language & Learning, Fall Conference*
October 30-November 1 Anchorage, AK	*Anchorage Association for the Education of Young Children Annual Conference*
November 1	***National Family Literacy Day***
November 6-7	*Alaska Head Start Association Quarterly Meeting*
November 12-14 Anahiem, CA	*National Association for the Education of Young Children, National Conference*
December 13-16 San Francisco,CA	*National Head Start Parent Training Conference*
March 25-28, 1998	*Children's Defense Fund Twenty-five Year Celebration*

Health of It, *continued*

Choosing Our Benefits

There are a wide range of benefits we can choose for Alaska's 23,000 uninsured children. The public can, through their elected officials, choose to provide health benefits to all uninsured children, some children, or none of them. Since the federal Child Health Insurance Assistance Program requires states to invest matching funds; investing more state dollars and staff time for uninsured children will likely cause lively debates about our priorities. The amount of money we choose to invest, and the type of health program we choose to develop, will determine how our uninsured children and their families will benefit. We can select benefits that will protect our children, keep parents working and build a healthy generation of Alaskans.

This article was developed, in part, using information published by the following organizations: National Conference of State Legislatures; Children's Defense Fund; Administration for Child and Families, Maternal Child Health Bureau, Technical Advisory Group; National Governors' Association; The Heritage Foundation; Alaska Departments of Health and Social Services, Community and Regional Affairs, Administration - Division of Retirement and Benefits; Alaska Children's Cabinet; U.S. Department of Health and Human Services, Health Care Financing Administration and Health Resources and Services Administration.

Children's Cabinet News

State of the Child. Alaska's children deserve every opportunity to grow up strong, healthy and well prepared for the future. That is why Governor Knowles and Lieutenant Governor Ulmer continue to put children's issues at the very top of their priority list.

Leading the charge to "do good things for kids" is the Children's Cabinet, comprised of five Commissioners, the Attorney General and the Lieutenant Governor. Their most recent children's initiatives fall into three main categories; preventing child abuse and neglect, making sure children have basic medical care, and sending them to excellent schools.

Here is how the Governor summed it up during last year's State of the Child Address: "Every child counts. All of Alaska's children have a right to live up to the potential of their God-given abilities."

Progress has been made on many fronts: energizing the Alaska Children's Trust to help prevent abuse and neglect; funding community projects to make sure kids come to school ready to learn; raising the tax on tobacco products to discourage youth smoking and chewing; writing a new education plan built on fairness, quality, smart funding and increased use of technology; and raising awareness about children's needs with an annual speech.

Governor Knowles will discuss more children's issues - including new efforts to prevent abuse, protect kids and increase their access to health care - during this year's State of the Child Address. Please join us for the third annul State of the Child Address. It will air on statewide television, November 4, 1997.

— from Shari Paul, Special Assistant to the Children's Cabinet

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COLLABORATION

B·R·I·E·F·I·N·G·S

STATUS REPORT

Alaska's Children

National Child Health Month, Solutions Before Problems Each year, during the month of October, the American Academy of Pediatrics begins a national campaign to promote awareness of child health issues. For the next three years, the campaign will address substance abuse prevention. During 1997, tobacco use - specifically smoking, environmental tobacco smoke and smokeless or chewing tobacco - and the health risks they pose for children, has been targeted for the campaign. Smoking is the leading cause of preventable death in the United States. Studies show the younger a child is when he or she starts using tobacco produces, the more likely the child is to become addicted to nicotine/cigarettes. According to one study, 67 percent of children who initiated smoking in the sixth grade became regular adult smokers, while only 46 percent of teenagers who started smoking in the eleventh grade became regular adult smokers. Preventing children and young adults from ever using tobacco products, is the first step that parents, communities, schools and policy makers can take to eliminate this lifelong health risk. Two years ago, Governor Knowles proposed a large tax increase on tobacco products as one major step in preventing Alaska's youth from using tobacco products. After two years of debate by the legislature, the bill passed. Beginning October 1, 1997, a $1.00 tax, one of the highest in the nation, will be added to the cost of tobacco products in Alaska.

The American Academy of Pediatrics has produced a comprehensive packet of materials that can be used to help further Alaska's campaign to prevent tobacco related problems among our youth. For more information, or for packet materials, contact Barb Sylvester Pellet, Department of Health and Social Services, at 907 465-2845.

Kids Don't Float. More kids per capita drown in Alaska than in any other state. In 1995, it was the second leading cause of unintentional injury death for all Alaskans, including children.

Children love to play in water. Everyone knows that Alaska's coastal waters can be dangerous. But the majority of children who drown in Alaska do so in lakes, rivers, and

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Child Immunization Rates

Alaska has the third worst rate for immunizing young children in the nation.

A federal survey shows that only 69 percent of Alaska toddlers had the approved regimen of shots in 1996. Only Idaho and Utah ranked below Alaska, with immunization rate of 66 and 63 percent. The national average for child immunizations is 77 percent. Completed immunization levels at 24 months of age for Alaska is shown in the following chart.

Region	1991-92	1992-93	1993-94	1994-95	1995-96
Southeast	63.6	54.5	70.0	66.3	75.6
Anchorage/ Mat-Su	49.9	61.1	58.6	63.3	66.9
Gulf Coast	47.4	54.1	55.8	44.0	49.0
Southwest	68.4	58.8	63.5	71.7	78.6
Interior	47.7	59.2	73.5	64.7	64.0
Northern	62.2	76.0	60.0	61.0	67.6
Statewide	52.7	59.7	62.8	62.0	65.6

source: Alaska Retrospective survey of Kindergarten immunization records: 1991-95

Tobacco Use

In 1988, the U.S. Surgeon General reported that cigarettes are addictive by the same scientific standards that apply to illicit drugs. In the U. S. today, an estimated 4.5 million children and adolescents smoke. Cigarette smoking is increasingly common in younger children. In 1990, the average age of a child who tried cigarettes was 11.6 years.

source: American Academy of Pediatrics Child Health Month Resource Packet "Solutions Before Problems"

Nutrition

Research indicates that diet and nutrition play an important role in the development or prevention of the leading causes of death in Alaska and the U.S.: cancer, heart disease, stroke and diabetes. 50 percent of all deaths are related to lifestyle choices; and of that, nearly 30 percent are related to poor diet and inactivity. The National Cancer Institute studies show that eating 5 or more servings of fruits and vegetables every day help reduce the risk factors of the leading causes of death. A recent survey in Alaska shows that:

- only 19 percent of Alaskan adults consumed the minimum 5-a-day
- During 1995, 52 percent of middle school students, and 49 percent of high school students reported eating no vegetable the day before the survey.

source: Nutrition Related Chronic Disease in Alaska; Base-line Needs Assessment, published by Division of Maternal, Child and Family Health, DHSS.

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Children

Alaska Head Start State Collaboration Project
Alaska Department of Community and Regional Affairs
P.O. Box 112100
Juneau, Alaska 99811-2100

Briefings, *continued*

ponds. Fortunately drowning is one of the most preventable causes of injury death. Adult supervision and the use of personal flotation devices (PFDs) are the two best ways to protect a child from drowning.

Kids Don't Float is the name of a program started by the Homer Volunteer Fire Department and Homer Safe Kids, with the help of the school district, Coast Guard Auxiliary, and a grant from the U.S. Department of Health and Human Services. *Kids Don't Float* consists of a PFD loaner program and a water safety education program. Last summer 150 PFDs were hung on pegboards at various harbors in the Katchemak Bay area. Harbor Masters and volunteers monitored PFD use.

The education component of the program is designed for people who care for and teach children so that they can pass on information about choosing, fitting and wearing PFDs and how to be safe around water.

Kids Don't Float has now gone statewide. With money from the Healthy Kids Program within the Alaska Department of Health and Social Services and support form Community Health and the U.S. Coast Guard 17th District, the following are now available free to any community agency or individual interested in implementing the project locally: *Kids Don't Float* brochures, booklets on drowning prevention, program manuals, waterproof signs, videos "It Could Have Been Prevented" and "Alcohol and Boating," and PFDs (six each of various sizes). For more information, please contact Sharon Lobaugh or Martha Moore at (907)465-3027.

Alaska Department of Community and Regional Affairs • Quarterly Report • Winter 1997

Alaska's Children

PS 026335

Systems Change
A New Year's Resolution

Systems change —

"the reorganization of child and family services so they are more integrated, humane and accessible to those who need them."

— Harvard Family Research Project (1994)

Every year societies accept into their language new phrases that represent new concepts or startling new changes in the way everyday business is done. This year the phrase "Soccer Moms" was created to represent a group of citizens whose vote every politician running for office was courting. The phrase ".com," although not new, became the four most used address symbols as more and more people signed on to the Internet. For planners, administrators, public officials, and public workers, "Systems Change" became one of the more popular phrases to impress colleagues. Systems change means just that, changing existing systems to reflect new ideas, new technology, new ways of doing business; or to bring failing systems up to our expectations.

Alaska is not immune to new phrases and new concepts. We are as willing as anyone else to evaluate our systems of doing business and see if changes will improve outcomes. We are particularly willing to look at those systems that provide for the

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The Alaska Head Start State Collaboration Project is funded by a grant from the U.S. Department of Health and Human Services.
For more information, contact the Alaska Head Start Office at (907) 465-4860.
Project Director–Marilyn Webb; Newsletter Editor–Dorothy Douglas

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Resolution, *continued*

well-being of our children and families, and make necessary changes to better their lives. Last year some very energetic and dedicated people took an in-depth look at some of our systems and proposed a few changes. Following are brief descriptions of these "system change" ideas.

Governor's Conference on Youth and Justice

Across the nation and in Alaska, there is a growing concern about juvenile crime. The public's perception is that the rate and severity of juvenile crime is increasing, and that our existing juvenile justice systems are not adequately responding to today's delinquents. In response to these concerns, Governor Knowles and the Children's Cabinet created the Governor's Conference on Youth and Justice. Unlike other conferences that begin and end with a two or three day meeting of concerned individuals, this conference was designed to be a long-term process that would result in measurable products aimed at reducing juvenile crime. The conference began in November of 1995, with the appointment of over 90 individuals representing Alaskan businesses, parents, youth, community groups, schools, legislators, court systems, corrections, the medical profession, law enforcement, non-profit organizations, and state and local agencies that provide services to children and youth. They began their work with a forum attended by more than 400 people in early November.

The conference organized into three work groups:

- **Prevention Strategies Work Group,** which reviewed and focused on recommendations for comprehensive state, local, school, and community-focused prevention and early intervention strategies;
- **Children and Youth At Risk Work Group**, which reviewed and focused on recommendations regarding those parts of the state and local systems that deal with abused, neglected, runaway, out-of-control, and truant children and youth; and
- **Juvenile Offenders Work Group**, which reviewed and made recommendations regarding the part of the juvenile legal system that addresses youth who have violated criminal laws.

These groups met numerous times over the next 10 months, focusing on their specific tasks and at the same time debating the larger problems of youth and justice in their communities and throughout the state.

The study and findings of the Conference show the public's concern about juvenile crime to be well-founded. The state simply does not have enough social workers, attorneys, judicial officers, treatment programs, beds in detention and mental health facilities, or probation officers to effectively deal with juvenile offenders. **The concern over rising crime rates is less definable.** In the U.S., juvenile populations increased 1% between 1980 and 1990. In Alaska, the juvenile population increased 40%. Inevitably, as the population base increases, so do the number of juvenile offenses. Alaska ranks 10th in the nation in the number of juvenile property offenses and 37th in its percentage of violent juvenile offenders - for each 100,00 juveniles, 458 are arrested annually.

Throughout the year long process of the conference several key findings became readily apparent:

Alaska is already "tough on juvenile crime." We rank 2nd in the nation both in the percentage of juvenile offenders we commit to secure facilities and the length of time they are committed and we pay more - the average annual cost of locking up a juvenile in the U. S. is $35,000 per year (the same price as one year's tuition at a University). In Alaska, because of our geographic remoteness and higher cost of living, it costs $50,000 to $100,00 a year depending on the needs and sentencing of the youth. **Locking up individuals is one of the most expensive "services" that the state provides. Just as a matter of economics and fiscal responsibility, the state must consider alternatives to increasing the number of juveniles who are locked up or increasing the length of time they are kept in detention.**

The continued enhancement of juvenile justice systems will not provide a solution to the problem. The ultimate solution lies in preventing children from entering the system in the first place. Like many other groups, **the conference concluded that prevention must become a priority in Alaska.** To that end, many of the recommendations developed by the conference, such as more support for programs like Head Start, relate to prevention and promoting healthy families. These recommendations are much cheaper than the costs of a year in a detention center and they are demonstratively more effective in preventing and reducing juvenile delinquency.

Alaska must develop a balanced juvenile system that not only provides for swift and sure consequences to offenders through the justice systems, but also identifies and addresses the causes of juvenile crime. **A balanced systems also means that the state is not solely responsible for youth actions. Citizens, families, communities, schools, employers and businesses also have a vital role in the life of youth.** Active partnerships between these groups and a recognition and sharing of responsibility are necessary.

In the fall of 1996, the conference published a report of their findings and recommendations for change and action. The Governor's Children's Cabinet then reviewed the recommendations and developed implementation strategies for the Governor's consideration.

The actual movement from reports and recommendations to real action is often the most difficult phase of any undertaking. It moves ideas from an ideal situation to the real world. Based upon recommendations of the conference, the Governor began this winter to move ideas into the real world.

Governor Knowles has submitted a package of legislative initiatives designed to address concerns of the Conference and of the Children's Cabinet, and will ask the legislature to allocate funds for families and children to address specific needs. The legislative initiatives include three bills:

- **An Act establishing the Healthy Families Alaska Program.** The Healthy Families program provides education and support services to pregnant women and the families of newborn infants to prevent poor childhood outcomes, including abuse and neglect.
- **An Act relating to the revocation of driver's licenses for alcohol-related offenses.** The bill creates a mechanism to ensure that minors are being properly screened and monitored for compliance with education and treatment programs before their licenses are reinstated following revocation for alcohol-related offenses.
- **An Act relating to juvenile delinquency proceedings and to the confidentiality of juvenile records.** This bill delegates to communities the authority to set up various types of diversion programs such as youth courts, village community courts, etc. It opens juvenile records for felony offenders, age 16 or older. It

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creates a "duel sentencing" procedure where certain juveniles can be give both a juvenile and adult sentence: the adult sentence to be imposed if they do not comply with the conditions of the juvenile sentence. It clarifies that courts may order any juvenile adjudicated a delinquent to perform community work service, and authorizes municipalities to impose civil penalties for violation of municipal ordinances.

The legislative funding requests address specific programs including: Head Start, Youth Corps, Partnership 2000 (Education), Inhalent Abuse, Children's Trust Grants, Youth Court and Community Grants, Community Projects and Diversion Programs and Healthy Families. These funding requests do not necessarily reflect funding increases, but rather consolidate budget items that address specific needs for children and families. The consolidation allows for greater accountability and helps facilitate collaborative efforts among those state and local programs that provide direct services.

COMPASS—COMmunity Partnerships for Access, Solutions, and Success.

The Conference on Youth and Justice is just one of many groups to recognize the major role communities can, and should, have in improving the lives of children and families. Children and families live in communities. Children spend most of their young lives close to their homes and neighborhoods. Moreover, families first seek sources of support and enrichment in their own communities. Communities, as a result, reflect the culture, needs, interests and goals of their members. **Communities are the place in which planning and providing services can be the most successful for children and families.**

In 1996, the Alaska Children's Cabinet applied for, and was selected to participate in, the Danforth Foundation Policymaker's Program. The program provides specific technical assistance to help states develop an action plan for delivering services to children. In August, a state team of 24 members, including the Alaska Head Start Director, attended a week long institute and developed a process to enhance our current system of providing education, health, and social services to Alaskan children and families. The process is called COMPASS - COMmunity Partnerships for Access, Solutions, and Success.

Through COMPASS, the state will provide assistance to communities to plan for the delivery of integrated education, health and social services. Communities will be asked to bring together teams of individuals to identify new ways of delivering services in their communities. COMPASS will enable local governments, school districts, health and social service agencies, and others concerned with the well-being of their community's children to become active partners with each other and with the state in determining necessary changes in the delivery of services to children and youth. COMPASS provides a framework and support for such partnerships by offering:

- An opportunity to develop collaborative skills and **to strengthen the community's ability to address the needs of children and families.**
- A chance for a broadly based group of citizens to participate in the COMPASS Institute and **to learn more about their community's risk and protective factors**, various service integration models, and other concepts such as building community collaboration. The community COMPASS teams must represent a cross section of the community.
- **Data specifically related to the status of children and families** will be developed to help teams develop an action agenda focused on the needs of young people in the community.
- **Technical assistance** from state agencies and others will be provided to communities as well as **start-up money to help the community** begin implementing its plan.

Communities will be selected through a simple application process to begin the COMPASS process. An invitation to apply for COMPASS was sent to communities throughout the state in October, 1996. **In December, the communities of Fairbanks, Petersburg, Fairview, Alakanuk, Tok, Yakutat, Nome, Kotzebue, Mat-Su, Muldoon, Kake, Tanana, and Koyukuk were selected to be the first 13 COMPASS communities.**

For the seasoned bureaucrat, this probably sounds like another planning process thought up by the state that will generate more action plans that may or may not make it to the implementation stage based on funding etc. etc. However, this process has more potential for success than most because of several things. Members of the Children's Cabinet helped to develop the COMPASS process. **These top adminis-**

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Alaska is not immune to new phrases and new concepts. We are as willing as anyone else to evaluate our systems of doing business and see if changes will improve outcomes. We are particularly willing to look at those systems that provide for the well-being of our children and families, and make necessary changes to better their lives.

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Resolution, *continued*

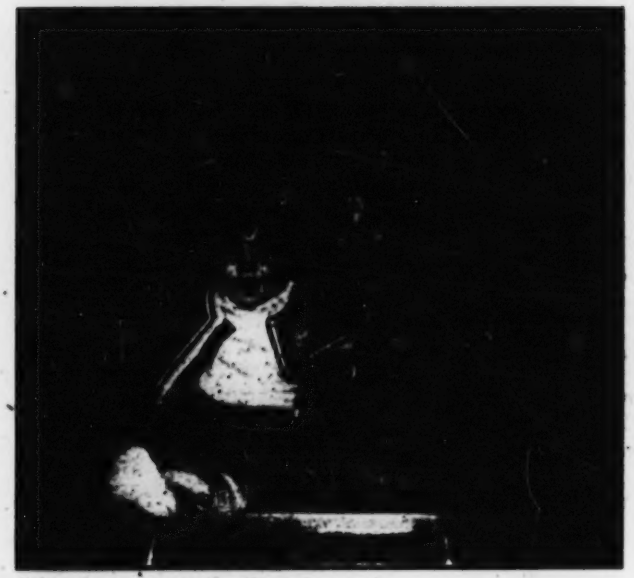
trators have agreed to support reform from the "bottom- up." They have made a commitment to follow the community's lead in providing services to their children and families. If a community makes recommendations that more effective services could be delivered by making changes in funding, services delivery requirements, or regulations, then there will be a willingness to experiment. Secondly, while the state is lending technical assistance and limited funding to the communities, they are not dictating what the community's plan should look like, or how it should be implemented. Once a community has completed their own process, they will be asked to become a part of the technical assistance team to help future COMPASS communities begin their own process. It is the plan of the COMPASS process that each community will find their own direction for the well-being of their children and families.

The Alaska Head Start Program has been an integral part of the COMPASS process. Using the resources provided by Alaska Head Start State Collaboration Grant, Head Start participated in the Danforth Institute, helped to develop the COMPASS process, and in partnership with the Children's Cabinet and Department of Health and Social Services, will help facilitate the COMPASS Institute. Head Start will also lend technical support to Prevention Associates, the contractor selected to lead the Institute and provide technical assistance to communities. Head Start staff will also be a member of the community teams in those COMPASS communities where Head Start programs are located.

Alaska Partners for Quality Care and Education

Children grow and learn in a variety of environments. Historically, the family, neighborhood and community have been the child's learning environment from birth through school age. Today, however, a growing number of children are enrolled in more formal environments including: child care, early care and education programs like Head Start, preschool, and public school programs. Today's children also participate in a wide variety of activities outside of the home and school environment and may also receive services from social programs, health care providers and from early intervention programs.

The environments that we choose for our children play a critical role in their development as successful, competent and caring adults. During these early childhood years, (prenatal and birth through age 8) profound changes occur more rapidly than at any other time in a human being's life. We know more about this period of human development than we do about any other phase of life; and we know more about how to stimulate and nuture that development. We know how to create environments that will grow babies into happy, healthy, life-long learning adults.



Brittany age 14 months, Breanne, age 3

Creating the environments that stimulate and nuture human growth and development . . environments that provide the highest quality care and education for all children; that are grounded in the principals and practices of early childhood education; and that are accessible and affordable for all families . . is the vision and goal of the Alaska Partners for Quality Early Care and Education.

In 1994, a group of people who work with young children and their families from around the state began meeting to address the issues of quality early care and education for all children, and to build on the work that had gone on in previous years. With funding support from the Alaska State Head Start Collaboration Grant, the group agreed to actively pursue a long-term effort to improve the care and education that young children receive in Alaska.

The principal mission of Alaska Partners is to develop and implement a flexible, responsive and comprehensive statewide professional development system that will enhance the skills and career opportunities for all individuals who provide care and education for young children and their families.

Specific objectives for this mission are:

- Complete and put in place, a state "Career Pathway" (ladder) for Alaska early care and early educators, that includes opportunities for professional development in other programs that teach and care for young children.
- Support collaborative training models through funding of statewide, competitive mini grants for the delivery of quality training for those who work with children ages prenatal to 5.
- Advance current state and local collaborative efforts in training and professional development.
- Advance and increase the public's awareness and understanding of the components of quality care and early education.

The first tasks that the Partners immediately identified and completed were:

- Develop a vision statement and primary mission.
- Identify the benefits, barriers and opportunities for establishing a comprehensive early childhood system of quality early care and education both nationally and in Alaska.
- Receive input from community members, families and individuals who work with young children and their families through a series of town meetings.
- Develop an action plan with specific strategies to accomplish their goals.
- Report findings of these tasks to other interested people.

The second phase of work began with a search for funding sources to begin work on the specific strategies that were developed and for the mini-grants. The Partners applied for and received funding from the

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Combating Poverty: The Four P's of Alaska Head Start

As a nation, we have realized for a long time that **poverty has significant and long-term detrimental effects on children and families.** Research during the early 60's clearly indicated that children from low-income families scored significantly lower in health status, cognitive and socio-emotional test scores and that they were less successful in school and in later life. To combat the devastating effects of poverty, President Johnson began what was known as "the war on poverty" programs. Head Start was one of the anti-poverty strategies created to help low income preschool children prepare for public school.

During the next 30 years, Head Start continued to develop and expand its programs to accommodate the needs of low-income children and families. It is one of the few "war on poverty" programs that has proven successful enough to receive continued funding and support both on a national and state level. Head Start programs in Alaska began in 1965. Today the Alaska Head Start and local Head Start Program serves 3,228 children.

The survival and success of Head Start, in part, belongs to its comprehensive approach to the problems of poverty. In the 1960's Head Start founders recognized that poverty was not just a single issue to be dealt with, but rather it affected multiple aspects of children's lives. Thirty years of research has not only proved this belief, but expanded our knowledge of the effects of poverty, the problems and solutions.

What Does Poverty Do?

For most American children, the income their family earns buys the things necessary for their well-being and success. **Adequate family income means that families can provide:**

- good food
- comfortable, safe housing and utilities (heat, electricity, clean water)
- safe neighborhoods and communities
- clothing appropriate for the weather and activities
- a car that provides safe transportation for family needs and activities
- good medical and dental care
- money for school supplies and activities
- stable and less stressful environments
- recreation opportunities
- opportunities to learn (books, preschools, quality child care, computers)

For children who live in poverty or lower income categories, many of these things are lacking in their lives. Poverty leaves its mark on almost every aspect of a child's life. **Lack of money means families cannot provide:**

- **adequate and nutritious food** - poor nutrition especially during pregnancy, infancy and early childhood years means serious long-term and costly health care;
- **health care** - because of the expense is often not sought until an illness is serious; preventive health care or early diagnosis and intervention is not an option for poor families;
- **safe shelter** - families who live in extreme poverty may be homeless (100,000 children/day are homeless in the U.S.), millions more live in unsafe and unhealthy homes and neighborhoods often without heat and electricity;
- **safe neighborhoods** - families are often forced to live in areas with the highest crime rates, exposing children to violence and drug abuse;
- **enriched learning opportunities** - families who worry about paying their electric bills cannot afford stimulating books, games, quality child care or preschools; money is not available for school supplies and fees, eye glasses, summer camps, family travel, sports equipment; the poorest schools are usually located in the poorest neighborhoods, children are more likely to drop out of school;
- **stable environments** - the stress of dealing with the multiple effects of poverty often limits the ability of parents to provide warmth, guidance and a stable environment for children; children are more likely to live in single parent homes, to be victims of child abuse, neglect, and domestic violence; and are more likely to become teen parents, engage in juvenile delinquency and violent behavior later in life.

Poverty does not trigger just one or two or five separate problems that can be addressed as a single, isolated issue. A child who arrives at school hungry, in poor health, or having just witnessed a violent event at home or in their neighborhood is unlikely to have a successful day in the classroom.

The Four P's of Alaska Head Start

Head Start is dedicated to helping low-income children and families combat the multiple problems of poverty with multiple solutions. Alaska Head Start Programs provide assistance to families and children through four major program components: **Parent and Family Participation, Prevention, Preparation and Partnerships.**

Parent and Family Participation

The ultimate solution to ending poverty is for every family to have an adequate family income to provide the things necessary for their children's well being; and to have the life skills necessary to nurture their children and become contributing members of their community. Helping parents gain the necessary work and life skills to accomplish this is one of the goals of Head Start. Through the parent participation component of Head Start, parents have an opportunity to gain valuable skills. Parents are involved in program planning, participate in decision making processes, volunteer in the classrooms, assist in the business management aspects of the program, are able take advantage of training and education opportunities, and are hired as staff in Head Start Programs.

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Through their participation in Head Start, parents can gain:

- **Parenting and Family Skills** - Parents are volunteers in the classroom. They observe their own children and have the opportunity to learn new parenting and child development skills. Training and education is provided to parents in child health and safety, discipline, building self-esteem, child development and early education. Parents gain the skills they need to help and encourage their children in reading, language development, and math; and to monitor their children's health and safety.
- **Jobs and Job Skills** - Parents can become employed as Head Start staff. They are involved in training and university courses. There are career development opportunities available for Head Start employees leading eventually to a degree in Early Childhood Education. Parents can obtain training in office skills, computer applications, organizational skills, writing, group participation skills, job readiness. Head Start also provides adult literacy programs, support in obtaining employment and accessing community job training programs.
- **Community Skills** - Head Start maintains an important link to the community it serves. Participation in this community based program provides parents opportunities to strengthen their own communities, and access to community family support programs. Parents can serve as representatives on regional Policy Councils, statewide Head Start Associations and the National Head Start Association. Parents become more proficient in policy making decisions and group processes. The can be leaders that bring management skills to their communities.
- **Life Skills** - Head Start assists families in reducing stress in their lives through training in money management, nutrition, self-esteem, personal health and well-being, coping with stress and anger. Head Start provides opportunities for parents to take classes, develop skills and become educators and advocates for other families.

Preparation

The Head Start Program Goals identify the overall goal of Head Start is to bring about a greater degree of social competence in children of low-income families. Social competence includes:

". . . the child's everyday effectiveness in dealing with both present environment and later responsibilities in school and life. Social competence takes into account the inter-relatedness of cognitive and intellectual development, physical and mental health, nutritional needs, and other factors that enable a developmental approach to helping children achieve social competence."

To accomplish this goal, Head Start standards further provide guidance for programs to:

- *improve child health and physical abilities* including appropriate prevention and early intervention steps to correct physical and mental problems and to enhance every child's access to an adequate diet.
- *improve the family's attitude toward future health care and physical abilities;*
- *encourage self-confidence, spontaneity, curiosity, and self-discipline* which will assist in the development of the child's social competence and emotional health;
- *enhance the child's mental processes and skills* with particular attention to conceptual and communication skills;
- *establish patterns and expectations for success* of the child which will create a climate of confidence for present and future learning and overall development;
- *increase the ability of the child and family to relate* to each other and to others;
- *enhance the sense of dignity and self-worth* within the child and family.

Head Start helps children to gain the academic, social and emotional skills they need to make successful transitions into public schools. Head Start provides a rich environment for the most at- risk children in our communities. Within these environments, Head Start does not just provide preparation for school success, but for the child and family success in later life. Head Start helps families gain the confidence and skills they need to continue to be involved in their child's education in the public school system.

Prevention

All children enrolled in Head Start are required to have a comprehensive health screening, including mental and nutrition health screenings. These screenings assure the health and well-being of each child and help to identify any health related problems that require further treatment. Children are screened for:

- vision
- dental
- hearing
- immunizations
- special services that include disabilities, gifted, developmental needs, and social/ emotional well-being.
- nutrition
- physical well-being
- mental health

Head Start in Alaska has recognized education and early childhood development from pre-natal to age 5 as critical year for nurturing the potential of children and parents. An important component of the classroom curriculum is providing the children and parents important information about healthy foods, good nutrition, safety and how to prevent injury and other health related problems.

Partnerships

Although Head Start programs are designed to be comprehensive, to provide a wide range of services for children and families to use to address their unique family issues, Head Start has realized that they must work in partnership with others. The revised Head Start Performance Standards recognize the importance of family and community partnerships as an integral part of Head Start success. This is particularly true in Alaska, where Head Start centers are located not only in rural, isolated areas: but in urban areas and smaller cities. Within Alaska, there are also a wide variety of government, private, Native, cultural, profit and non-profit organizations that provide services and resources to children and families. The Alaska Head Start program has made it a goal to form strong partnerships across the state to enrich their own programs, provide more cost-effective and efficient services to families, access available information and technology to enhance services and provide

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more continuity within the communities.

The most vital partnerships maintained by the Alaska Head Start Programs are those within the communities served by its programs. There are 92 Head Start communities in Alaska. The cultures, life-styles and needs of each of these communities are unique and varied. In small, isolated villages, Head Start can serve as one of the community's major employers, its center used as a community gathering place. In more urban areas, the Head Start programs often assume a community leadership role in providing coordination for children's services to programs other than Head Start. Within communities Head Start:

- reflects the communities cultures, life-styles and needs;
- supports the local economy through staff salaries, supplies purchase, building rental, etc.;
- provides training and education opportunities not only to Head Start staff, but other community members;
- provides transition and coordination services for Head Start families with the local schools;
- helps coordinate health care services for children and families.

The Alaska Head Start program is mandated to directly serve only those children and families who meet Head Start eligibility guidelines. However, through the formation of partnerships with other state and federal agencies, Head Start is able to extend Head Start curriculums, health care models, service coordination, and to help develop policy and legislation for all Alaskan children and their families. Significant partnerships developed by the Alaska Head Start program include:

- Alaska Children's Cabinet
- Danforth COMPASS Project
- Alaska Partners for Quality Early Care and Education
- National Collaboration Network
- Interdepartmental Committee for Young Children
- Alaska Head Start Association
- Federal Head Start Region X, and Region XI
- Alaska State Board of Education

The Alaska Head Start Program has had significant help in forming and maintaining these varied partnerships from the Alaska Head Start State Collaboration Project. Awarded five years ago, this federally funded project has provided financial technical resources to the Alaska Head Start Program to help coordinate services and develop system change within the state.

Calculating the Cost of Poverty

Growing up in poverty does not mean failure is inevitable, but it does expose children to greater risks. Children and families who fall victim to these risks cost our state both in economic and human terms. A child who suffers from low weight at birth, poor nutrition and inadequate health care, has a greatly increased chance of requiring special education services and/or long-term health care - services that are funded through state and federal programs at no small costs.

Children who live in long-term poverty are at risk of becoming involved with the criminal justice system as juveniles or in adulthood. In the U. S., it costs approximately $35,000 per year to lock up a juvenile. In Alaska, the cost is $50,000 to $100,000 per year depending on the needs of the youth. One of the most expensive services that the state of Alaska provides is locking up individuals for criminal acts. Comprehensive programs like Head Start have been shown to reduce the risk of youth entering the juvenile justice system at a cost of $6,198 per child per year. In addition to the economic costs, there are the human costs. Where would these children be if these conditions had been attended to - prevented from occurring in the first place.

In Alaska, only 22% of the income eligible children and their families are being served by Head Start programs - 78% remain unserved.

Our thanks to Bonnie Paisley for the inspiration of her artful illustration.

Children who live in long-term poverty are at risk of becoming involved with the criminal justice system as juveniles or in adulthood. In the U. S., it costs approximately $35,000 per year to lock up a juvenile. In Alaska, the cost is $50,000 to $100,000 per year depending on the needs of the youth.

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Head Start Update

■ Head Start Performance Standards Revised. On election day, November 5, 1996, the U. S. Department of Health and Human Services released the new performance standards for Head Start programs. The new standards are the first major re-write of many of the Head Start health, safety and education provisions since the 1970's.

One far-reaching change is a requirement that all Head Start teachers, including those in infant-toddler programs, possess a Child Development Associate (CDA) credential or the equivalent. Teachers of infants and toddlers also must earn a CDA appropriate to the birth to 3 population. A CDA is not required for staff other than teachers, since Head Start felt that requirement may make it more difficult for Head Start programs to have staff from the community they serve and to provide career development opportunities for parents.

To gain a CDA, an early childhood staffer must fulfill six competency goals and show proficiency in 13 functional areas. Requirements for renewal of a CDA credential have also recently been upgraded. The renewal policy requires documentation of 4 continuing education units or a 3 credit academic course during the previous 5 years, verification of at least 80 hours in an early childhood setting during the past year, possession of a Red Cross first-aid certificate, membership in an early childhood organization and a recommendation letter from an early childhood professional who serves as an educational "reviewer" for the applicant.

The Alaska Head Start programs are well on their way to meeting the new training requirements. Currently there are 127 Head Start Staff with CDA credentials. 19 of the CDA's were completed this year.

■ Alaska Head Start Association - Directions for a New Year. The new membership year for the Alaska Head Start Association (AHSA) began in October. For those who wish to support Head Start by joining the Association, or renewing their membership, fees have been reduced to $5.00/year. Contact any Head Start staff for membership forms or more information.

In August, the AHSA developed a proposal for increased state funding for Alaska Head Start programs . . . a bold move in a climate of state and federal budget reductions. The AHSA strongly believes, however, that now is the time for the state to increase emphasis on prevention efforts for children and families. Investing funds today in sound preventive programs like Head Start, saves the state's financial resources in the future by decreasing the cost of state funded programs to correct problems after they occur. Costly programs like health care, drug/alcohol treatment, confinement for criminal behavior, special education programs, mental health care can be reduced in the future through investments in prevention and early intervention programs. Currently, Alaska Head Start Programs serves only 22% of eligible children and families. For more information on the AHSA proposal, call Sharon Trish, AHSA President at 907 543-3401.

■ Alaska Head Start Association Training and Collaboration Week. On February 17-21 1997, Head Start staff, parents and friends will gather in Juneau for the annual training and collaboration week. This event is sponsored by the Alaska Head Start Association. During the week attendees will meet with their elected officials and state policy makers for discussion of legislation, funding and policies that affect Alaska's children and families. A particular focus of this year's meeting will be the effects of Welfare Reform on Head Start families. For more information about the week's events, contact Sharon Trish at 907 543-3401 or Marilyn Webb at 907 465-4861.

Resolution, *continued*

National Head Start Collaboration Program. With these funds, the Partners were also able to hire a 3/4 time Partners Coordinator to facilitate the work. The Partners are now moving ahead on developing standards and the career pathway. Additionally, the Partners are working to ensure the quality issues are addressed in the state's welfare reform policies that are currently being developed.

PICK UP THE BEAT - 1996 ALASKA EDUCATION SUMMIT

Sometimes ideas are good enough that they deserve to be passed on . . from the national level, to the state level, and on into the communities where those ideas can best be implemented. The Alaska Education Summit had its beginnings in the 1996 National Education Summit in New York. Commissioner of Education Shirley Holloway, and ARCO President Ken Thompson joined Governor Knowles in representing Alaska at the National Summit. President Clinton, 43 governors, and business leaders attended the Summit to learn how school districts across the nation are using performance-based standards and new technologies to improve their schools. The Alaska team felt that the ideas were good enough that they deserved to be brought home into Alaskan communities and schools. They also felt that Alaska's public education system is one of the most valuable assets that the state has made an investment in over the years. To get the most out of this investment for our children, the Alaska team believed it's time to adapt our schools to meet the changing needs of students and the challenges of a changing world; and that an Alaska Education Summit would be a starting point.

At the Alaska Education Summit, teams of five members from each school district were invited to the summit and asked to build community action plans to improve student learning in their schools focusing on five critical areas:

- Stronger partnerships among educators, students, parents, the community, government and business.
- Locally determined, performance-based student academic standards.
- Local accountability for student achievement
- Assessment of progress towards attain-

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ment of the standards and strategies for recognizing good performance and constructively addressing the causes of poor performance.
- Better, more effective uses of technology.

At the State Summit, participants were exposed to a variety of information from keynote speakers, including: Governor Knowles, Lt. Governor Fran Ulmer, U. S. Secretary of Education Richard Riley, Colorado Governor Roy Romer, Alaska Commissioner of Education Shirley Holloway, ARCO President Ken Thompson, National Teacher of the Year (Alaska's) Elaine Griffin. Each team member was also asked to attended learning sessions on either Student Academic Standards, Assessment of Students Standards, Professional Standards, Accountability, Family Involvement in Student Learning, or Community, School and Business Partnerships. Throughout the conference there were hands on demonstrations of current and innovative technology projects by students from throughout Alaska. Teams then met to discuss and develop their community action plans based on the information received at the Summit and the needs within their own communities.

So far, the Alaska Education Summit sounds like business as usual . . just another meeting of educators discussing another round of new ideas. But, what made this meeting different was the concepts it was built around. First, that **the responsibility for providing our children a quality education does not belong to educators alone. It must be a shared responsibility between the schools, parents and families, businesses, community organizations, and individuals within the communities. All of these players have a stake in public school education.** Subsequently, the school district teams were constructed to represent all of the key players in education. For the first time, employers, elected officials, parents, teachers, and the public came together to discuss how to enrich our education systems. **Another important concept was that of community. Successful schools are partnerships that require the best efforts all members of the community and when action plans are community-based, they are more successful.** Community-based plans reflect the unique needs, interests and goals of the community. Because they are designed by and for the community; there is

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STATUS REPORT

Alaska's Children

A study of clients affected by Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) examined secondary disabilities (disabilities that a person is not born with, and that could be ameliorated through better understanding and early intervention) and found that:

- Mental health problems were by far the most prevalent secondary disability
- Disrupted school experience was experienced by 60% of the clients
- Trouble with the law was experienced by 60% of clients
- Confinement (treatment for mental health, drug/alcohol, criminal behavior) was experienced by 50% of clients
- Inappropriate sexual behavior was noted for 50% of clients
- Alcohol and drug problems was noted for 30% of clients

source: Final Report on the Conference on Understanding the Occurrence of Secondary Disabilities in Clients with FAS/FAE August 1996, University of Washington, School of Medicine

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Children's Health Conditions by Family Income

	Low-income children's higher risk
Death during infancy	1.3 times more likely
Death during childhood	3 times more likely
Low birthweight	1.2 to 2.2 times more likely
Stunted growth	2 - 3 times more likely
Part/completely deaf	1.5 - 2 times more likely
Part/completely blind	1.2 - 1.8 times more likely
Physical or mental disabilities	2 times more likely
Days in bed due to injuries	1.8 times more likely
Iron deficiency in preschool years	3 - 4 times more likely
Frequent diarrhea or colitis	1.5 times more likely
Pneumonia	1.6 times more likely
Repeated tonsillitis	1.1 times more likely
School days missed due to acute or chronic health conditions	1.4 times more likely

source: Wasting America's Future. Children's Defense Fund report on Child Poverty, 1994.

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Children's Cabinet News

In the spring of 1995, Governor Knowles appointed five state commissioners (Education, Corrections, Health and Social Services, Community and Regional Affairs, Public Safety), the Attorney General and the Lieutenant Governor to serve on his cabinet for children. In the fall of 1996, the Director of the Office of Management and Budget also joined the Cabinet. The charge of the Children's Cabinet is to advance a statewide children's agenda. The Cabinet focuses on the following priorities:

- Children at all ages and stages of development, beginning with young children;

Diego, age 16 months

Alaska Head Start FY 96 Program Statistics

	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Communities HS serves	68	75	78	88	88	92
State Share $	$4,772,509	$5,648,174	5,585,045	$5,613,378	$5,937,530	$5,640,531
Federal $	$5,533,669	$7,011,565	8,498,281	$10,325,991	$12,454,130	$12,580,937
Community $	$1,841,988	$1,883,339	2,241,876	$2,565,979	$2,815,473	$3,210,660
State cost per child	$2,168	$2,333	$2,042	$1,720	$1,822	$1,747
Federal cost per child	$2,659	$2,896	$3,629	$3,761	$3,821	$3,897
Children served	2,081	2,421	2,645	3,020	3,259	3,228
Families served	1,967	2,138	2,377	2,730	2,974	2,872
Diagnosed handicap	263	285	300	376	404	397
Screened-medical	1,613	1,787	1,870	1,864	2,100	2,394
Screened-dental	1,498	1,812	1,903	1,945	2,179	2,366
Immunized	1,763	2, 150	2,376	2,670	2,828	3,066
HS staff	380	417	469	532	575	592
Staff is/was parent	225	217	218	285	276	262
Bilinguial staff	161	179	185	220	219	258
With CDA credentials	93	91	97	112	106	127
Age: Prenatal		38	23	12	12	14
0-1		75	100	145	119	114
1-2		96	85	120	138	117
2-3		148	163	224	465	395
3-4		920	1,012	1,231	1,440	1,238
4-5		1,144	1,262	1,290	1,085	1,337
Volunteer hours	44,710	59,374	66,487	73,759	69,360	85,145

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- Locally driven solutions;
- Collaboration across state departments and with communities
- Promotion of positive parenthood;
- Achievement of measurable results.

Following is a brief summary of their activities during the last year.

Children's Initiatives— A Year in Review

■ Reactivate the Alaska Children's Trust. The Children's Trust was created by the Legislature in 1988 to address rising rates of child neglect, abuse, community violence, and juvenile crime. The trust is designed to promote and financially support community-based initiatives to strengthen families and children. Until this year, the trust remained idle with no funds.

Keeping his commitment to Alaska's children and families, Governor Knowles and the Children's Cabinet worked to reestablish the trust. Following are some highlights:

- Appointed the ACT Board of Trustees
- Raised the Trust balance to $6,011,360 - a good beginning
- Formed the Friends of the ACT - a non-profit fundraising arm of the trust
- Launched a media campaign featuring well-known Alaska author, Tom Bodett.

ACT board meetings are open to the public. Call Toll free 1-800-643 KIDS for more information.

■ Initiate Systems Change. State government is flooded with reports concluding that many of Alaska's children are in trouble; many live in poverty, in unsafe conditions, and with limited opportunities to learn and develop to their potential. The problems confronted by our families and children are complex issues all Alaskans must face. Focusing on these starting points, Governor Knowles challenged the Cabinet to embark on a journey to change the way services for children are designed, delivered, and checked for success. To begin addressing these issues, the Cabinet is looking critically at the way the state has structured children's services. The Cabinet's goal is to work collaboratively across departments and with communities so services for children are more comprehensive, focused on prevention, accessible, community-based, and results oriented.

Three of the systems change efforts sponsored and endorsed by the Children's Cabinet are discussed in detail at the beginning of this newsletter: **The Governor's Conference on Youth and Justice, COMPASS, and the Alaska Education Summit.**

A fourth systems change effort is to Raise Awareness of Children's Needs.

Raising awareness of children's needs is a priority of Governor Knowles and the Children's Cabinet. To help citizens become more aware of children and their well-being, the following strategies have been adopted.

- Governor Knowles delivered the first ever "State of the Child" Address in September, 1996. He challenged Alaskans to work together to improve the lives of children.
- Collaborative public awareness activities with the Alaska Children's Trust are planned so our resources can reach a broader audience.
- Collaboration with Kids Count Alaska to collect, publish, and distribute information about trends in children's health, safety and economic status. Copies of the first phase of data are available in the recently released *Kids Count Alaska* report.
- Community forums are being planned to exchange information about Governor Knowles' plans and to hear from community members about their concerns about children and families.

Calendar of Events

January 13 Juneau	*Alaska State Legislature Convenes*	
January 16 Juneau	*Governor's State of the State Address*	
January 21 Juneau	*Alaska Interdepartmental Committee for Young Children Quarterly Meeting*	Mary Diven 907 465-3100
January 28-30 Anchorage	*First Annual Early Intervention Conference "Young Children and Their Families Learning, Growing and Coping"*	Bridget McCleskey 907 696-4343
February 17-21 Juneau	*Alaska Head Start Association Collaboration and Training Week*	Sharon Trish 907 543-3401
February 19 Juneau	*Alaska Head Start Association Governor's Reception*	
February 24-26 Anchorage	*COMPASS Institute*	
February 24-27 Seattle, WA	*Region 10 Head Start Training Conference*	
March 12-14 Washington, D.C.	*Children's Defense Fund Annual Conference*	
April 21-23 Anchorage, U of AA	*1997 Alaska Children's Mental Health Conference*	Robyn Henry
April Washington, D.C.	*Head Start State Collaboration Annual Meeting*	

Alaska Head Start Regional Training Conferences

January 28-31	Anchorage
March 4-6	**Bethel**
March 18-20	Juneau
Not final	Fairbanks

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Children

Alaska Head Start State Collaboration Project
Alaska Department of Community and Regional Affairs
P.O. Box 112100
Juneau, Alaska 99811-2100

Resolution, *continued*

a stronger commitment to make sure the plans are successful.

A challenge was issued to each of the school district teams to "Pick Up the Beat" in their home communities. Each team was asked to return to their communities with their action plan and hold a Community Education Summit, transferring the information they gained at the summit to all members of their community and expanding the concepts formed at the state summit.

As of January 1, the following school districts have scheduled or already held their Community Education Summits:

Kake	November 22, 1996
Juneau School District	November 23, 1996
Valdez	January 17-18, 1997
Yupiit - in Akiak	Feb 28, 1997
Petersburg Regional Summit includes smaller communities from area	March 7-8, 1997
Lower Kuskokwim	March 17-18, 1997
Post Secondary Education Team	February 21, 1997